
State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: POS,EPO
State: Colorado
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003G Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/08/2013
SERFF Tr Num: UHLC-128990056
SERFF Status: Closed-Filed
State Tr Num: 277902
State Status: Filed
Co Tr Num: CO SB NGF INS EFF 1/1/2014

Implementation: 01/01/2014
Date Requested:
Author(s): Debbie Kramer, Joseph Hoban, Della Logan, Elizabeth Winfrey-Bird, Martin Quigley, Haining Gong, Michael Cimba

Reviewer(s): Nichole Boggess (primary), Cathy Gilliland, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date: 07/30/2013
Disposition Status: Filed
Implementation Date: 01/01/2014

State Filing Description:
Binder Filings: UHC of CO (UCCO): UHLC-CO14-125000861, UHIC: UHLC-CO14-125000843

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General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments: This is intended for use in Colorado only
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 07/30/2013
State Status Changed: 07/26/2013 Deemer Date:
Created By: Haining Gong Submitted By: Della Logan
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This is a new rate filing. The purpose of this filing is to provide rates and rating factors for non-grandfathered small group plans marketed by UnitedHealthcare Insurance Company, for groups of 2-50 eligible employees. UnitedHealthcare will use this rate basis for business with effective dates of 1/1/2014 through 12/31/2014. The filing has been prepared according to Colorado Insurance Regulation 4-2-11 Section 6 as well as current ACA rules and more recent guidance from the Colorado Division of Insurance. This rate filing should not be used for any other purposes.

State Narrative:

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 2 plans

Gold: 18 plans

Silver: 33 plans

Bronze: 11 plans

Company and Contact

Filing Contact Information

Della Logan, Pricing Consultant and Associate Actuary
185 Asylum St
Hartford, CT 06103
Della_J_Logan@uhc.com
860-702-5770 [Phone]
860-702-5042 [FAX]

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Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number: 67897
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 701, 649, 645, POS, EPO, Small Group, Health Care Reform, non grandfathered plans

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: yes

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	07/30/2013	07/30/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rachel Plummer	07/23/2013	07/23/2013
Pending Industry Response	Rachel Plummer	07/02/2013	07/02/2013
Pending Industry Response	Nichole Boggess	06/20/2013	06/20/2013
Pending Industry Response	Rachel Plummer	06/04/2013	06/04/2013
Pending Industry Response	Nichole Boggess	05/29/2013	05/29/2013
Pending Industry Response	Nichole Boggess	05/28/2013	05/28/2013
Pending Industry Response	Amy Filler	05/13/2013	05/13/2013

Response Letters

Responded By	Created On	Date Submitted
Michael Cimba	07/24/2013	07/24/2013
Michael Cimba	07/03/2013	07/03/2013
Michael Cimba	06/25/2013	06/25/2013
Michael Cimba	06/06/2013	06/06/2013
Michael Cimba	05/30/2013	05/31/2013
Michael Cimba	05/30/2013	05/31/2013
Michael Cimba	05/22/2013	05/23/2013

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Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum and Certifications	Michael Cimba	07/22/2013	07/23/2013
Supporting Document	Exhibits	Michael Cimba	07/22/2013	07/23/2013
Rate	Rate Filing	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Actuarial Memorandum and Certifications	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Unified Rate Review Template	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Conf Index ID 2 Justification For Area Factor Changes	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Conf Index ID 3 Summary of Base Rate Analysis	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Rate Sample	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Colorado Actuarial Memorandum	Michael Cimba	07/02/2013	07/03/2013
Supporting Document	Actuarial Memorandum and Certifications	Michael Cimba	05/30/2013	05/31/2013
Supporting Document	Colorado Actuarial Memorandum	Michael Cimba	05/31/2013	05/31/2013
Supporting Document	Actuarial Memorandum and Certifications	Michael Cimba	05/24/2013	05/24/2013
Form	UnitedHealthcare Choice Schedule of Benefits	Michael Cimba	05/21/2013	05/23/2013
Form	Pediatric Dental Services Rider	Michael Cimba	05/21/2013	05/23/2013

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Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Pediatric Dental Services Rider	Michael Cimba	05/21/2013	05/23/2013
Rate	Rate Filing	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Actuarial Memorandum and Certifications	Michael Cimba	05/22/2013	05/23/2013
Supporting Document	Unified Rate Review Template	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Exhibits	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index Request	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 1 Trend	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 2 Justification For Area Factor Changes	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 3 Summary of Base Rate Analysis	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 4 Justification For Calculation of PPACA Fees	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 5 Measurement of Rate Impact for EHB	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 6 Justification for Loss Ratio Projections	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Conf Index ID 7 Supplemental Health Exhibit Data CY2012	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Underwriting Guidelines (removed)	Michael Cimba	05/21/2013	05/23/2013

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Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Rate Sample	Michael Cimba	05/21/2013	05/23/2013
Supporting Document	Colorado Actuarial Memorandum	Michael Cimba	05/22/2013	05/23/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection letter from 6/20/13	Note To Filer	Nichole Boggess	06/21/2013	06/21/2013

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Disposition

Disposition Date: 07/30/2013
Implementation Date: 01/01/2014
Status: Filed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment: Please see attached letter.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum:	0.000%
Maximum:	0.000%
Weighted Average:	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document (revised)	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document	Exhibits		Yes
Supporting Document (revised)	Conf Index Request		Yes
Supporting Document	Conf Index Request		Yes
Supporting Document (revised)	Conf Index ID 1 Trend		No
Supporting Document	Conf Index ID 1		No
Supporting Document (revised)	Conf Index ID 2 Justification For Area Factor Changes		No
Supporting Document	Conf Index ID 2 Justification For Area Factor Changes		No
Supporting Document	Conf Index ID 2		No
Supporting Document (revised)	Conf Index ID 3 Summary of Base Rate Analysis		No
Supporting Document	Conf Index ID 3 Summary of Base Rate Analysis		No
Supporting Document	Conf Index ID 3		No
Supporting Document (revised)	Conf Index ID 4 Justification For Calculation of PPACA Fees		No

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Conf Index ID 4		No
Supporting Document (revised)	Conf Index ID 5 Measurement of Rate Impact for EHB		No
Supporting Document	Conf Index ID 5		No
Supporting Document (revised)	Conf Index ID 6 Justification for Loss Ratio Projections		No
Supporting Document	Conf Index ID 6		No
Supporting Document (revised)	Conf Index ID 7 Supplemental Health Exhibit Data CY2012		No
Supporting Document	Conf Index ID 7		No
Supporting Document (revised)	Underwriting Guidelines (removed)		Yes
Supporting Document	Underwriting Guidelines		Yes
Supporting Document (revised)	Rate Sample		Yes
Supporting Document	Rate Sample		Yes
Supporting Document	Rate Sample		Yes
Supporting Document	Rate Sample		Yes
Supporting Document (revised)	Colorado Actuarial Memorandum		Yes
Supporting Document	Colorado Actuarial Memorandum		Yes
Supporting Document	Colorado Actuarial Memorandum		Yes
Form	Group Policy		Yes
Form	Certificate of Coverage		Yes
Form	Certificate of Coverage		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
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Form	UnitedHealthcare Choice Schedule of Benefits		Yes
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Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form (revised)	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
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Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes

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Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
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Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	UnitedHealthcare Choice Plus Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes

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Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Outpatient Prescription Drug Schedule of Benefits		Yes
Form	Designated Beneficiary Rider		Yes
Form	Pediatric Dental Services Rider		Yes
Form	Pediatric Dental Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes
Form	Pediatric Vision Care Services Rider		Yes

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Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes
Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes
Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes
Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes
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Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes
Form	Summary of Benefits and Coverage: What This Plan Covers & What it Costs		Yes

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Colorado Uniform Employee Application for Small Group Health Benefit Plans		Yes
Form	Pediatric Dental Services Rider		Yes
Form	Pediatric Dental Services Rider		Yes
Rate (revised)	Rate Filing		Yes
Rate	Rate Filing		Yes
Rate	Rate Filing		Yes
Rate	Rate Filing		Yes
Rate	Rate Filing		Yes
Rate	Rate Filing		Yes

Final Disposition Letter

State Tracking # 277902

Company: United Healthcare Insurance Company (UHIC)

Product Line: Small Group PPO / POS / EPO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 2 plans

Gold: 18 plans

Silver: 33 plans

Bronze: 11 plans

Rate Methodology

Experience Used for Rate Setting: Used UHC HMO and UHIC PPO SG data combined for 2012.

2012 Experience Period Loss Ratio: 79.0% based on an average of 73,955 enrolled lives with \$334.3 Million in premium (\$376.74 pmpm).

Annual Health Cost Trends: 9.1%.

Risk Adjustment: +1.3% (payments expected to the federal Risk Adjustment Program in 2014).

Smoking Factor: 0% - same rates for smokers and non-smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$493.93

* Federal Reported 2014 Comparable Average Premium: \$511.69

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 24.3% shown as follows:

<u>Issuer Primary Expense and Profit Retention</u>		% of Premium Retained
Administrative Expenses:		5.90%
Commissions:		4.60%
Profit and Contingencies After Taxes:		5.00%
FIT - Federal Income Taxes:		2.60%
Investment Income:		0.00%
(A) Total:		18.10%
<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
PPACA Health Insurer Fee:		2.30%
PPACA Reinsurance Fee and PCORI Fee:		1.065%
PPACA Risk Adjustment User Fee:		0.00%
PPACA PCORI Fee:		0.035%
Exchange user fees:		0.00%
Premium Taxes:		2.00%
State Income Taxes:		0.00%
Other Fees, Assessments, Taxes:		0.00%
(B) Total:		5.40%
<u>Additional Allowed for QI & Member Welfare Section</u>		
Quality Improvement:		0.80%
Community Charitable:		0.00%
IT for ICD-10 Conversion (max allowed 0.3%):		0.00%
(C) Total:		0.80%
(D) Total Premium Retention For All Purposes (A + B + C):		24.30%
(E) Colorado Conventional Loss Ratio (100% - D):		75.70%
Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):		83.15%

Sample of Final Premium Levels

	Denver				Fort Collins			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Platinum	\$477.89	\$486.85	\$1,433.68	\$1,460.54	\$613.83	\$625.33	\$1,841.48	\$1,875.98
Gold	\$352.45	\$415.41	\$1,057.36	\$1,246.22	\$452.71	\$533.56	\$1,358.12	\$1,600.69
Silver	\$329.42	\$363.84	\$988.27	\$1,091.53	\$423.13	\$467.34	\$1,269.38	\$1,402.01
Bronze	\$313.67	\$337.15	\$941.02	\$1,011.45	\$402.90	\$433.05	\$1,208.69	\$1,299.15

Final Disposition Letter

	Grand Junction				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Platinum	\$584.15	\$595.10	\$1,752.45	\$1,785.29	\$471.10	\$479.93	\$1,413.30	\$1,439.78
Gold	\$430.82	\$507.77	\$1,292.46	\$1,523.31	\$347.44	\$409.50	\$1,042.33	\$1,228.50
Silver	\$402.67	\$444.74	\$1,208.01	\$1,334.23	\$324.74	\$358.67	\$974.23	\$1,076.01
Bronze	\$383.42	\$412.12	\$1,150.25	\$1,236.35	\$309.22	\$332.36	\$927.65	\$997.08

Division Objections and Rate Changes During the Review Process

UHIC identified their own error in data used to set area factors, were allowed to adjust area factors for several regions to correct initial data errors.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2013
Submitted Date	07/23/2013
Respond By Date	07/24/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: On the Supporting Documents tab under Actuarial Memorandum and Certifications section, there is a Benefit Plans Design chart (COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-19.pdf) which gives a distinct Rx Name (F6, GG, etc) for each of the plans listed. The rate manual assigns a plan relativity to each of those Rx Names. There are two Rx names, "GH" and "1T", that are not listed on the rate manual with a corresponding relativity. This makes it difficult to build up the premiums based on the factors/relativity given in the manual.

What is the relativity for GH? for 1T? Please updated the rate manual to include these factors.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/25/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/25/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Rachel Plummer

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/02/2013
Submitted Date	07/02/2013
Respond By Date	07/09/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Your current rate manual includes an exhibit that breaks out the Medical Plan Relativites by Product, Plan, and Plan Relativity. You have the plan names listed "XDU", "XDV", "XDW" etc. These can't be matched with their appropriate names/IDs on the rate data template. Please provide this same exhibit with the actual plan IDs along with their corresponding plan relativities.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/09/2012, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/09/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/20/2013
Submitted Date	06/20/2013
Respond By Date	06/27/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Rate Filing, [POL.EHB.I. 14.CO.SG] (Rate)

Comments: Please update the rate manual as Mineral County should be in area 10 and not area 8.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/27/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/27/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/04/2013
Submitted Date	06/04/2013
Respond By Date	06/18/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the number of member months in the Requested Rate Change Information on the Rate Review Detail section.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/18/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/04/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide all excel files in PDF format as well.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Rate Sample (Supporting Document)

Comments: Please provide the rate sample in excel format.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/13/2013
Submitted Date	05/13/2013
Respond By Date	05/27/2013

Dear Della Logan,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode from review and approval to file and use.

Objection 2

Comments: The Product Name field under the General Information tab in SERFF needs to have the Actual Name of the Product, this should match what is on the rate review detail tab. Must have the "street" Name of the product - please revise this information through a post submission update.

Objection 3

Comments: The Part III is in the wrong location - please move the Colorado Act Memo into a new attachment and label - Colorado Actuarial Memorandum. Move the Part III under the embedded SERFF heading Actuarial Memorandum and Certification.

Objection 4

- Underwriting Guidelines (Supporting Document)

Comments: Please remove your underwriting guidelines - ACA compliant products are not allowed to be underwriting any longer.

Objection 5

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please state in the Act Memo under this section where the justification data is for the trend if there is a separate exhibit.

"Pursuant to Colorado Regulation 4-2-11, Section 6(L), under Trend: this section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.

Please revise the actuarial memo to provide this information."

Objection 6

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please explain where Attachment B is in the filing with the side by side as stated in the Act Memo.

Objection 7

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: This is no longer allowed - please remove,

"In addition, we reserve the right, in appropriate cases, to increase a groups modified community rate by up to 35% for health status for a period no greater than 12 months in accordance with C.R.S. § 10-16-105(13)." Please see Alignment Bill for new effective Statute

Objection 8

Comments: Please relabel all your exhibits to reflect what the exhibits actually are, so that the DOI can find them easier.

Example - Exhibit 1: Base Premium Rates

Objection 9

- Rate Sample (Supporting Document)

Comments: Please provide a rate sample that includes the following: premiums for a 40 year old, non-smoker, for each rating area, for each network, for your richest and leanest gold and silver plans.

Objection 10

Comments: Please provide the URRT in .XLS format

Objection 11

Comments: Please provide a Filing Number for the Binder.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 5/27/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 5/27/2013.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

*Sincerely,
Amy Filler*

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2013
Submitted Date	07/24/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

Per your request we have updated our rate manual to list relativities for Rx plans GH and 1T (now named GHSA and 1THSA respectively). We had previously excluded listing these plans in the Rx table due to the note at the beginning of the Medical relativity table that states For combined deductible plans (i.e. integ Rx = Y) , the medical plan relativity includes the Rx cost. This note means that the Rx relativity for these medical plans is 0. For clarity we have also included lines for 1QHSA and F8HSA, whose relativities are also 0. This is not new information it is meant to help more easily read/understand the medical and rx relativity tables.

In addition to the above, the URRT Part I is being updated for a binder objection posted July 15th, 2013 to some plan designs.

Related Objection 1

Comments: On the Supporting Documents tab under Actuarial Memorandum and Certifications section, there is a Benefit Plans Design chart (COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-19.pdf) which gives a distinct Rx Name (F6, GG, etc) for each of the plans listed. The rate manual assigns a plan relativity to each of those Rx Names. There are two Rx names, "GH" and "1T", that are not listed on the rate manual with a corresponding relativity. This makes it difficult to build up the premiums based on the factors/relativity given in the manual.

What is the relativity for GH? for 1T? Please updated the rate manual to include these factors.

Changed Items:

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-24.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-19.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
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Satisfied - Item:	Unified Rate Review Template
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	plan_management_data_templates_unified INS 2013-07-19.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	<i>The division has requested the URRT Part 1 in it's xls format. Seeing as the original format was xlsm we included both.</i>
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Satisfied - Item:	Unified Rate Review Template
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
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Satisfied - Item:	Exhibits
Comments:	

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State:

Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

POS,EPO

Project Name/Number:

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SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State:

Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

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 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf
 COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls
 COSB_eff_2014-01-01_sub_2013-05-02a_Ins_exhs_Attach_G_BenefitPlanDesigns rev2013-07-19.pdf*

*Previous Version***Satisfied - Item:***Exhibits***Comments:**

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G_BenefitPlanDesigns.pdf
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G.pdf

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

No Form Schedule items changed.

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-24.xls, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-24.pdf,	07/24/2013 By: Michael Cimba

Previous Version

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.xls,	07/03/2013 By: Michael Cimba
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Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.xls,	07/03/2013 By:
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Previous Version

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.pdf,	05/31/2013 By: Michael Cimba
Previous Version						
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf,	05/23/2013 By:
Previous Version						
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls,	05/08/2013 By: Della Logan

Conclusion:

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Sincerely,
Michael Cimba

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/03/2013
Submitted Date	07/03/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

Per the Division's request we have updated our rate manual to include HIOS IDs.

Related Objection 1

Comments: Your current rate manual includes an exhibit that breaks out the Medical Plan Relativites by Product, Plan, and Plan Relativity. You have the plan names listed "XDU", "XDV", "XDW" etc. These can't be matched with their appropriate names/IDs on the rate data template. Please provide this same exhibit with the actual plan IDs along with their corresponding plan relativities.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.xls,	07/03/2013 By: Michael Cimba

Previous Version

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.xls,	07/03/2013 By:
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Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.pdf,	05/31/2013 By: Michael Cimba
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Previous Version

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf,	05/23/2013 By:
Previous Version						
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls,	05/08/2013 By: Della Logan

Conclusion:

Sincerely,
Michael Cimba

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/25/2013
Submitted Date	06/25/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

Per correspondence with the division, Mineral county is actually in rating area 8.

Related Objection 1

Applies To:

- Rate Filing, [POL.EHB.I.14.CO.SG] (Rate)

Comments: Please update the rate manual as Mineral County should be in area 10 and not area 8.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Michael Cimba

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2013
Submitted Date	06/06/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

In accordance with our meeting with the DOI on 06-06-2013, since this is a new product filing, we are able to leave the member months in the rate review detail section as 0.

Related Objection 1

Comments: Please provide the number of member months in the Requested Rate Change Information on the Rate Review Detail section.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Michael Cimba

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2013
Submitted Date	05/31/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

As requested, all Excel files have also been provided in PDF format.

Related Objection 1

Comments: Please provide all excel files in PDF format as well.

Changed Items:

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G_BenefitPlanDesigns.pdf
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G.pdf

SERFF Tracking #:	UHLC-128990056	State Tracking #:	277902	Company Tracking #:	CO SB NGF INS EFF 1/1/2014
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

No Form Schedule items changed.

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.pdf,	05/31/2013 By: Michael Cimba

Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf,	05/23/2013 By:
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Previous Version

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls,	05/08/2013 By: Della Logan

Conclusion:

Sincerely,
Michael Cimba

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2013
Submitted Date	05/31/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

As requested, we have provided the rate sample in both Excel and PDF format.

Related Objection 1

Applies To:

- Rate Sample (Supporting Document)

Comments: Please provide the rate sample in excel format.

Changed Items:

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-21.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Michael Cimba

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/22/2013
Submitted Date	05/23/2013

Dear Nichole Boggess,

Introduction:

Due to submitting the amendment first, we are unable to attach revised documents to the objection response. Please see amendment for revised documents.

Response 1

Comments:

Per your request we have updated the filing mode on this filing.

Related Objection 1

Comments: Please update the requested filing mode from review and approval to file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Per your request we have updated the product name field on this filing.

Related Objection 2

Comments: The Product Name field under the General Information tab in SERFF needs to have the Actual Name of the Product, this should match what is on the rate review detail tab. Must have the "street" Name of the product - please revise this information through a post submission update.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Per your request we have moved the actuarial memorandums on the supporting documentation tab.

Related Objection 3

Comments: The Part III is in the wrong location - please move the Colorado Act Memo into a new attachment and label - Colorado Actuarial Memorandum. Move the Part III under the embedded SERFF heading Actuarial Memorandum and Certification.

Changed Items:

No Supporting Documents changed.

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Per your request we have removed the underwriting guidelines pdf.

Related Objection 4

Applies To:

- Underwriting Guidelines (Supporting Document)

Comments: Please remove your underwriting guidelines - ACA compliant products are not allowed to be underwriting any longer.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Per your request we have added references to the appropriate trend justification and supporting exhibits to section 6L of the Colorado Actuarial Memorandum. We have also renamed the files with the appropriate information to make them easier to locate.

Related Objection 5

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Comments: Please state in the Act Memo under this section where the justification data is for the trend if there is a separate exhibit.

"Pursuant to Colorado Regulation 4-2-11, Section 6(L), under Trend: this section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.
5. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.

Please revise the actuarial memo to provide this information."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Per your request we updated section 6O to reflect the guidance from the CO DOI that since this is a new product filing a side by side exhibit is not required.

Related Objection 6

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Comments: Please explain where Attachment B is in the filing with the side by side as stated in the Act Memo.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7**Comments:**

This section of the actuarial memorandum has been revised as follows to reflect the changes in the alignment bill:

In addition, we reserve the right, in appropriate cases, to impose a surcharge of up to 35% for up to 12 months in accordance with C.R.S. § 10-16-105.6(3).

Related Objection 7

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: This is no longer allowed - please remove,

"In addition, we reserve the right, in appropriate cases, to increase a groups modified community rate by up to 35% for health status for a period no greater than 12 months in accordance with C.R.S. § 10-16-105(13)." Please see Alignment Bill for new effective Statute

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8**Comments:**

Per your request we have renamed the file names of attached exhibits.

Related Objection 8

Comments: Please relabel all your exhibits to reflect what the exhibits actually are, so that the DOI can find them easier.

Example - Exhibit 1: Base Premium Rates

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9**Comments:**

Per your request we have updated the rate sample with the information listed in the objection.

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Related Objection 9

Applies To:

- Rate Sample (Supporting Document)

Comments: Please provide a rate sample that includes the following: premiums for a 40 year old, non-smoker, for each rating area, for each network, for your richest and leanest gold and silver plans.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10**Comments:**

Per your request we have uploaded the URRT part 1 in its xls format.

Related Objection 10

Comments: Please provide the URRT in .XLS format

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 11**Comments:**

The SERFF filing number for the binder is UHLC-CO14-125000843

Related Objection 11

Comments: Please provide a Filing Number for the Binder.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Michael Cimba

SERFF Tracking #:	UHLC-128990056	State Tracking #:	277902	Company Tracking #:	CO SB NGF INS EFF 1/1/2014
<hr/>					
State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

Amendment Letter

Submitted Date: 07/23/2013

Comments:

The purpose of this amendment is to revise several plan designs in response to a SERFF binder objection on this rate filing posted 7/15/13. Per objection 1, the following plan designs have been revised:

- 1) For plans 67879CO0080020, 67879CO0010041, 67879CO0080010, 67879CO0080011, 67879CO0010025, and 67879CO0010026 we have lowered the specialist copay amount from \$100 to \$90.
- 2) For plans 67879CO0080021 and 67879CO0010042, in addition to lowering the specialist copays from \$100 to \$90 we also increased the PCP copay from \$50 to \$60. This change was needed to have the AV value within +/- for this metal tier.
- 3) For plans 67879CO0010033 and 67879CO0010035 we decreased the PCP non-premium designated copay from \$70 to \$60 as requested. We also decreased the PCP copay for premium designated physicians from \$35 to \$30. This was done in order to maintain the 2x relationship in copay amounts.

These plan design revisions were made on attachment G and exhibit 4 of URRT part 3 and are being attached to this response.

The rate impacts from these changes are minimal (i.e. less than 1%) so we will not be revising rates for these plans.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-19.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf

Satisfied - Item:	Exhibits
Comments:	

State: Colorado
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Filing Company: UnitedHealthcare Insurance Company

Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02a_Ins_exhs_Attach_G_BenefitPlanDesigns rev2013-07-19.pdf
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G_BenefitPlanDesigns.pdf
Previous Version	
Satisfied - Item:	Exhibits
Comments:	

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls
Previous Version	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G.pdf

SERFF Tracking #:	UHLC-128990056	State Tracking #:	277902	Company Tracking #:	CO SB NGF INS EFF 1/1/2014
<hr/>					
State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

Amendment Letter

Submitted Date: 07/03/2013

Comments:

The purpose of this amendment is to:

1) Correct the area factor analysis as supplied in confidential index id #2. Note an additional column was added to the analysis to support the final recommended rate changes by rating area. The overall blended result of the area factor changes is the same as what was initially requested i.e. -0.12%

This change has been approved for submission by the Division's senior management.

In addition wording has been removed from the actuarial memorandum section 6K, stating that while we are removing HIOS plan id 67879CO0010024 from this submission it still shows up in the rate template. We have now removed this plan from the rate templates so this note is no longer applicable.

Also per the DOI request, a calculation was added to the bottom of confidential index id#3 showing how we calculated the new index rate for 1Q2014 from the percentages from this exhibit.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.pdf, COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.xls,	07/03/2013 By:

Previous Version

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.pdf,	05/31/2013 By: Michael Cimba
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Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf,	05/23/2013 By:
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Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls,	05/08/2013 By: Della Logan
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf</i> <i>COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf</i> <i>COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf</i> <i>COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf</i> <i>COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	<i>Please see act memo for certification.</i>
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	The division has requested the URRT Part 1 in it's xls format. Seeing as the original format was xlsx we included both.
Attachment(s):	plan_management_data_templates_unified INS 2013-07-01.xls plan_management_data_templates_unified INS 2013-07-01.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	<i>The division has requested the URRT Part 1 in it's xls format. Seeing as the original format was xlsx we included both.</i>
Attachment(s):	<i>plan_management_data_templates_unified INS 2013-05-07.xlsx</i> <i>plan_management_data_templates_unified INS 2013-05-07.xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit 1.pdf COSB_eff_2014-01-01_INS_Exhibit 2.pdf COSB_eff_2014-01-01_INS_Exhibit 3.pdf COSB_eff_2014-01-01_INS_Exhibit 4.pdf UnifiedRateReviewSubmission-INS_20130507105839.xml COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo.pdf
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Satisfied - Item:	Conf Index ID 2 Justification For Area Factor Changes
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_2_AreaFactorJustification_2013-07-02.pdf
<i>Previous Version</i>	
Satisfied - Item:	Conf Index ID 2 Justification For Area Factor Changes
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_2_JustificationForAreaFactorChanges.pdf
<i>Previous Version</i>	
Satisfied - Item:	Conf Index ID 2
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_2.pdf

Satisfied - Item:	Conf Index ID 3 Summary of Base Rate Analysis
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_3_SummaryofBaseRateAnalysis_2013-07-02.pdf
<i>Previous Version</i>	
Satisfied - Item:	Conf Index ID 3 Summary of Base Rate Analysis
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_3_SummaryOfBaseRateAnalysis.pdf
<i>Previous Version</i>	

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Satisfied - Item:	<i>Conf Index ID 3</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_3.pdf</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-07-02.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-07-02.xls

Previous Version

Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.pdf</i> <i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.xls</i>

Previous Version

Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-21.pdf</i>

Previous Version

Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample.pdf</i>

Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-07-01b.pdf

Previous Version

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-31.pdf
Previous Version	
Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-22.pdf

SERFF Tracking #:	UHLC-128990056	State Tracking #:	277902	Company Tracking #:	CO SB NGF INS EFF 1/1/2014
<hr/>					
State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

Amendment Letter

Submitted Date: 05/31/2013

Comments:

We are re-adding Exhibit 4 and our original URRT Actuarial Memorandum in light of the division requesting benefit plan design information in PDF format from all carriers. We are also revising the Colorado Actuarial Memorandum and re-including exhibit G, which has been attached in an objection response.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-31.pdf
Previous Version	
Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-22.pdf

SERFF Tracking #:	UHLC-128990056	State Tracking #:	277902	Company Tracking #:	CO SB NGF INS EFF 1/1/2014
<hr/>					
State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

Amendment Letter

Submitted Date: 05/24/2013

Comments:

We are removing exhibit 4 from the URRT (this is comparable to the other exhibit we recently removed) and revising the URRT Actuarial Memorandum to reflect this change.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 05/23/2013

Comments:

In addition to what the division requested we change, we also added two riders and changed one form name to the forms schedule tab.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XH9	SCH	Initial				Date Submitted: 05/23/2013 By:
<i>Previous Version</i>								
1	UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XF9	SCH	Initial				Date Submitted: 05/08/2013 By: Della Logan
2	Pediatric Dental Services Rider	RID.PDS.NET-NON.EHB.I.14.CO.SG.ND	CERA	Initial				Date Submitted: 05/23/2013 By:
3	Pediatric Dental Services Rider	RID.PDS.NET.EHB.I.14.CO.SG.ND	CERA	Initial				Date Submitted: 05/23/2013 By:

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls, COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf,	05/23/2013 By:

Previous Version

1	Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls,	05/08/2013 By: Della Logan
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	<i>Please see act memo for certification.</i>
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf</i>
Satisfied - Item:	Unified Rate Review Template
Comments:	The division has requested the URRT Part 1 in it's xls format. Seeing as the original format was xlsx we included both.
Attachment(s):	plan_management_data_templates_unified INS 2013-05-07.xlsx plan_management_data_templates_unified INS 2013-05-07.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit 1.pdf COSB_eff_2014-01-01_INS_Exhibit 2.pdf COSB_eff_2014-01-01_INS_Exhibit 3.pdf COSB_eff_2014-01-01_INS_Exhibit 4.pdf UnifiedRateReviewSubmission-INS_20130507105839.xml COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo.pdf
Satisfied - Item:	Exhibits

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Exhibits</i>
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G.pdf

Satisfied - Item:	Conf Index Request
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_index_request.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index Request</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_index.pdf</i>

Satisfied - Item:	Conf Index ID 1 Trend
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Conf_ID_1a_to_1c_Trend.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 1</i>

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Conf_ID_1a to 1c.xls</i>

Satisfied - Item:	Conf Index ID 2 Justification For Area Factor Changes
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_2_JustificationForAreaFactorChanges.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 2</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_2.pdf</i>

Satisfied - Item:	Conf Index ID 3 Summary of Base Rate Analysis
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_3_SummaryOfBaseRateAnalysis.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 3</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_3.pdf</i>

Satisfied - Item:	Conf Index ID 4 Justification For Calculation of PPACA Fees
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_4_JustificationForCalculationOfPPACAFees.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 4</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_4.pdf</i>

Satisfied - Item:	Conf Index ID 5 Measurement of Rate Impact for EHB
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_5_MeasurementOfRateImpactForEHB_rev_2013-05-21.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 5</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_5.pdf</i>

Satisfied - Item:	Conf Index ID 6 Justification for Loss Ratio Projections
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_6_JustificationForLossRatioProjections.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 6</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_6.pdf</i>

Satisfied - Item:	Conf Index ID 7 Supplemental Health Exhibit Data CY2012
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_7_SupplementalHealthExhibitData-CY2012.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Conf Index ID 7</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_7.pdf</i>

Satisfied - Item:	Underwriting Guidelines (removed)
Comments:	Per request by the division, this section has been removed.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Underwriting Guidelines</i>

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	<i>UW_Guidelines_CO_SB_Guidelines.pdf</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-21.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample.pdf</i>

Satisfied - Item:	Colorado Actuarial Memorandum
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-22.pdf

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Note To Filer

Created By:

Nichole Boggess on 06/21/2013 03:32 PM

Last Edited By:

Nichole Boggess

Submitted On:

06/21/2013 03:32 PM

Subject:

Objection letter from 6/20/13

Comments:

Please disregard moving Mineral County from area 8 to area 10. The correct area should be area 8.

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Post Submission Update Request Processed On 07/26/2013

Status: Allowed
Created By: Michael Cimba
Processed By: Nichole Boggess
Comments:

Company Rate Information:

Company Name:UnitedHealthcare Insurance Company

Field Name	Requested Change	Prior Value
REQUESTED RATE:		
Projected Earned Premium:	448,710,517.000	449,515,613.000
Projected Incurred Claims:	339,772,721.000	340,382,356.000
Min:	194.910	195.880
Max:	2,273.080	2,200.530
Weighted Avg.:	514.950	515.870

State: Colorado Filing Company: UnitedHealthcare Insurance Company
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
 Product Name: POS,EPO
 Project Name/Number: /

Post Submission Update Request Processed On 05/28/2013

Status: Allowed
 Created By: Michael Cimba
 Processed By: Nichole Boggess
 Comments:

General Information:

Field Name	Requested Change	Prior Value
Product Name	POS,EPO	CO SB INS eff 1/1/2014
Requested Filing Mode	File & Use	Review & Approval

Rate Information:

Field Name	Requested Change	Prior Value
Filing Method	File and Use	File and Approve

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Form Schedule

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Policy	POL.EHB.I.14.CO.SG	POL	Initial			
2		Certificate of Coverage	COC.CHC.EHB.I.14.CO.SG	CER	Initial		51.200	
3		Certificate of Coverage	COC.CHP.EHB.I.14.CO.SG	CER	Initial		51.200	
4		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XD5	SCH	Initial			
5		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XD6	SCH	Initial			
6		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XD7	SCH	Initial			
7		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XD8	SCH	Initial			
8		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.EHB.I.14.CO.SG.XD9	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
9		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.WLW	SCH	Initial			
10		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.WLX	SCH	Initial			
11		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XEO	SCH	Initial			
12		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XEP	SCH	Initial			
13		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XER	SCH	Initial			
14		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XET	SCH	Initial			
15		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF1	SCH	Initial			
16		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF2	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
17		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF3	SCH	Initial			
18		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF4	SCH	Initial			
19		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF5	SCH	Initial			
20		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF6	SCH	Initial			
21		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF7	SCH	Initial			
22		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XF8	SCH	Initial			
23		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XH9	SCH	Initial			
24		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XIX	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
25		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XIY	SCH	Initial			
26		UnitedHealthcare Choice Schedule of Benefits	SBN.CHC.E HB.I.14.CO. SG.XIZ	SCH	Initial			
27		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDU	SCH	Initial			
28		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDV	SCH	Initial			
29		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDW	SCH	Initial			
30		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDX	SCH	Initial			
31		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDY	SCH	Initial			
32		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XDZ	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
33		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XD1	SCH	Initial			
34		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XD2	SCH	Initial			
35		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XD3	SCH	Initial			
36		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XD4	SCH	Initial			
37		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WJ9	SCH	Initial			
38		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WK5	SCH	Initial			
39		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WK6	SCH	Initial			
40		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WK7	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
41		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WK8	SCH	Initial			
42		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WK9	SCH	Initial			
43		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WLU	SCH	Initial			
44		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WLV	SCH	Initial			
45		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEK	SCH	Initial			
46		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEL	SCH	Initial			
47		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEM	SCH	Initial			
48		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEN	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
49		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WLY	SCH	Initial			
50		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.WLZ	SCH	Initial			
51		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEQ	SCH	Initial			
52		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XES	SCH	Initial			
53		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEU	SCH	Initial			
54		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XEV	SCH	Initial			
55		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFO	SCH	Initial			
56		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFP	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
57		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFQ	SCH	Initial			
58		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFR	SCH	Initial			
59		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFS	SCH	Initial			
60		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFT	SCH	Initial			
61		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFU	SCH	Initial			
62		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFV	SCH	Initial			
63		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFW	SCH	Initial			
64		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFX	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
65		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFY	SCH	Initial			
66		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XFZ	SCH	Initial			
67		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XF9	SCH	Initial			
68		UnitedHealthcare Choice Plus Schedule of Benefits	SBN.CHP.E HB.I.14.CO. SG.XIW	SCH	Initial			
69		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. F8	SCH	Initial			
70		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. F8-D	SCH	Initial			
71		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. GG	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
72		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. GJ	SCH	Initial			
73		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. GH	SCH	Initial			
74		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. 1T	SCH	Initial			
75		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. 1Q	SCH	Initial			
76		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. 1Q-D	SCH	Initial			
77		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.NET.EHB. I.14.CO.SG. F6	SCH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
78		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. F8	SCH	Initial			
79		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. F8-D	SCH	Initial			
80		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. GG	SCH	Initial			
81		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. GJ	SCH	Initial			
82		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. GH	SCH	Initial			
83		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. 1T	SCH	Initial			

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State:

Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

POS,EPO

Project Name/Number:

/

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
84		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. 1Q	SCH	Initial			
85		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. 1Q-D	SCH	Initial			
86		Outpatient Prescription Drug Schedule of Benefits	RDR.RXSB N.PLS.EHB. I.14.CO.SG. F6	SCH	Initial			
87		Designated Beneficiary Rider	DESBENEF ICIARY.RID. EHB.I.14.C O.SG	CERA	Initial			
88		Pediatric Dental Services Rider	RID.PDS.N ET- NON.EHB.I. 14.CO.SG	CERA	Initial			
89		Pediatric Dental Services Rider	RID.PDS.N ET.EHB.I.14 .CO.SG	CERA	Initial			
90		Pediatric Vision Care Services Rider	RID.PVC.N ET.EHB.I.14 .CO.SG	CERA	Initial			

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
91		Pediatric Vision Care Services Rider	RID.PVC.N ET.EHB.I.14 .CO.SG.D D	CERA	Initial			
92		Pediatric Vision Care Services Rider	RID.PVC.N ET- NON.EHB.I. 14.CO.SG	CERA	Initial			
93		Pediatric Vision Care Services Rider	RID.PVC.N ET- NON.EHB.I. 14.CO.SG.D 80	CERA	Initial			
94		Pediatric Vision Care Services Rider	RID.PVC.N ET- NON.EHB.I. 14.CO.SG.D 70	CERA	Initial			
95		Pediatric Vision Care Services Rider	RID.PVC.N ET- NON.EHB.I. 14.CO.SG.D 95	CERA	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
96		Pediatric Vision Care Services Rider	RID.PVC.N ET- NON.EHB.I. 14.CO.SG.D 90	CERA	Initial			
97		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D5	OTH	Initial			
98		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D6	OTH	Initial			
99		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D7	OTH	Initial			
100		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D8	OTH	Initial			
101		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D9	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
102		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LW	OTH	Initial			
103		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LX	OTH	Initial			
104		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EO	OTH	Initial			
105		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EP	OTH	Initial			
106		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X ER	OTH	Initial			
107		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X ET	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
108		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F1	OTH	Initial			
109		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F2	OTH	Initial			
110		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F3	OTH	Initial			
111		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F4	OTH	Initial			
112		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F5	OTH	Initial			
113		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F6	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
114		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F7	OTH	Initial			
115		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F8	OTH	Initial			
116		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X H9	OTH	Initial			
117		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X I X	OTH	Initial			
118		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X I Y	OTH	Initial			
119		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X I Z	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
120		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DU	OTH	Initial			
121		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DV	OTH	Initial			
122		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DW	OTH	Initial			
123		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DX	OTH	Initial			
124		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DY	OTH	Initial			
125		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X DZ	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
126		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D1	OTH	Initial			
127		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D2	OTH	Initial			
128		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D3	OTH	Initial			
129		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X D4	OTH	Initial			
130		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W J9	OTH	Initial			
131		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W K5	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
132		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W K6	OTH	Initial			
133		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W K7	OTH	Initial			
134		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W K8	OTH	Initial			
135		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W K9	OTH	Initial			
136		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LU	OTH	Initial			
137		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LV	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
138		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EK	OTH	Initial			
139		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EL	OTH	Initial			
140		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EM	OTH	Initial			
141		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EN	OTH	Initial			
142		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LY	OTH	Initial			
143		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14W LZ	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
144		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EQ	OTH	Initial			
145		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X ES	OTH	Initial			
146		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EU	OTH	Initial			
147		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X EV	OTH	Initial			
148		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FO	OTH	Initial			
149		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FP	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
150		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FQ	OTH	Initial			
151		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FR	OTH	Initial			
152		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FS	OTH	Initial			
153		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FT	OTH	Initial			
154		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FU	OTH	Initial			
155		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FV	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
156		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FW	OTH	Initial			
157		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FX	OTH	Initial			
158		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FY	OTH	Initial			
159		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X FZ	OTH	Initial			
160		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X F9	OTH	Initial			
161		Summary of Benefits and Coverage: What This Plan Covers & What it Costs	SBCCO14X W	OTH	Initial			

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Lead Form Number: POL.EHB.I.14.CO.SG

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
162		Colorado Uniform Employee Application for Small Group Health Benefit Plans	Uniform Employee Application CO SG 01 (Revised 07/25/06)	AEF	Initial			
163		Pediatric Dental Services Rider	RID.PDS.N ET-NON.EHB.I.14.CO.SG.ND	CERA	Initial			
164		Pediatric Dental Services Rider	RID.PDS.N ET.EHB.I.14.CO.SG.ND	CERA	Initial			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Rate Justification

Rate Methodology

Experience Used for Rate Setting: Used UHC HMO and UHIC PPO SG data combined for 2012.

2012 Experience Period Loss Ratio: 79.0 used on an average of 73,955 enrolled lives with \$334.3 Million in premium (\$376.74 pmpm).

Annual Health Cost Trends: 9.1

Risk Adjustment: 1.3 payments expected to the federal Risk Adjustment Program in 2014).

Smoking Factor: 0 same rates for smokers and non-smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$493.93

* Federal Reported 2014 Comparable Average Premium: \$511.69

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 24.3 shown as follows:

f Premium

Issuer Primary Expense and Profit Retention Retained

Administrative Expenses: 5.90 Commissions: 4.60 Profit and Contingencies After Taxes: 5.00 FIT - Federal Income Taxes: 2.60

Investment Income: 0.00A) Total: 18.10

Retention for Additional Required Taxes, Fees and Assessments

PPACA Health Insurer Fee: 2.30 PPACA Reinsurance Fee and PCORI Fee: 1.065 PPACA Risk Adjustment User Fee: 0.00

PPACA PCORI Fee: 0.035 Exchange user fees: 0.00 Premium Taxes: 2.00 State Income Taxes: 0.00 Other Fees, Assessments, Taxes: 0.00B) Total: 5.40

Additional Allowed for QI

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
UnitedHealthcare Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:									
Policy Holders:									

State: Colorado **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: POS,EPO
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare Insurance Company
HHS Issuer Id: 67879
Product Names: POS, EPO
Trend Factors: The proposed rating trend is 9.1% for medical and pharmacy combined. Splitting this pricing trend, medical trend is about 7.5% and insurance trend is about 1.5%. (note that these components are multiplicative)

FORMS:

New Policy Forms: POL.EHB.I.14.CO.SG
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change:
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 448,710,517.00
Projected Incurred Claims: 339,772,721.00
Annual \$: Min: 194.91 Max: 2,273.08 Avg: 514.95

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Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing	POL.EHB.I.14.CO.SG	New		COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-24.xls, COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-24.pdf,

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<hr/>					
State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	POS,EPO				
Project Name/Number:	/				

Attachment COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-24.xls is not a PDF document and cannot be reproduced here.

Attachment D: Insurance Index Rates

POS/EPO/IND Index Rate	1/14	2/14	3/14	4/14	5/14	6/14	7/14	8/14	9/14	10/14	11/14	12/14
Medical	114.91	114.91	114.91	117.42	117.42	117.42	120.04	120.04	120.04	122.66	122.66	122.66
Pharmacy	<u>19.88</u>	<u>19.88</u>	<u>19.88</u>	<u>20.31</u>	<u>20.31</u>	<u>20.31</u>	<u>20.77</u>	<u>20.77</u>	<u>20.77</u>	<u>21.22</u>	<u>21.22</u>	<u>21.22</u>
Total	134.79	134.79	134.79	137.73	137.73	137.73	140.81	140.81	140.81	143.88	143.88	143.88

Rate Calculation Formula

Monthly Medical Premium Rate =
 (Medical Index Rate for Appropriate Policy Effective Month)
 x (Sum of Member Age Factors for Census)
 x (Area Factor)
 x (Medical Plan Relativity)

Monthly Pharmacy Premium Rate =
 (Pharmacy Index Rate for Appropriate Policy Effective Month)
 x (Sum of Member Age Factors for Census)
 x (Area Factor)
 x (Pharmacy Plan Relativity)

Total Monthly Premium Rate = Medical Premium Rate + Pharmacy Premium Rate

Please see section 6(K) in the actuarial memorandum for how these factors were developed

Attachment C: Insurance Other Factors

Area Factors		
Rating Area	Rating Factor	Counties
1	0.904	Boulder
2	0.898	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.224	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache, Mineral
9	1.351	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.347	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.428	Eagle, Garfield, Pitkin, Summit

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952

53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
Over 63	3.000

Medical Plan Relativities

For combined deductible plans (i.e. integ Rx = Y) , the medical plan relativity includes the Rx cost.

	Product	Plan	integ Rx?	Plan Relativity	HIOS Plan ID
	POS	XDU	N	3.3500	67879CO0010001
	POS	XDV	N	3.2763	67879CO0010002
	POS	XDW	N	3.3123	67879CO0010003
	POS	XDX	N	2.9562	67879CO0010004
	POS	XDY	N	2.9406	67879CO0010005
	POS	XDZ	N	2.9263	67879CO0010006
	POS	XD1	N	2.8957	67879CO0010007
	POS	XD2	N	2.9730	67879CO0010008
	POS	XD3	N	2.9643	67879CO0010009
	POS	XD4	N	2.9480	67879CO0010010
	POS	WJ9	Y	3.4495	67879CO0010011
	POS	WK5	Y	3.3799	67879CO0010012
	POS	WK6	Y	3.3304	67879CO0010013
	POS	WK7	Y	3.3260	67879CO0010014
	POS	WK8	Y	3.2707	67879CO0010015
	POS	WK9	Y	3.0626	67879CO0010016
	POS	WLU	Y	3.0086	67879CO0010017
	POS	WLV	Y	3.9384	67879CO0010018
	EPO	XD5	N	3.2686	67879CO0080001
	EPO	XD6	N	3.2073	67879CO0080002
	EPO	XD7	N	2.8917	67879CO0080003
	EPO	XD8	N	2.8826	67879CO0080004
	EPO	XD9	N	2.8661	67879CO0080005
	EPO	WLW	Y	3.1761	67879CO0080006
	EPO	WLX	Y	3.2619	67879CO0080007
	POS	XEK	N	2.9730	67879CO0010019
	POS	XEL	N	3.2888	67879CO0010020
	POS	XEM	N	3.5543	67879CO0010021
	POS	XEN	N	3.3659	67879CO0010022
	EPO	XEO	N	3.4638	67879CO0080008
	EPO	XEP	N	3.2762	67879CO0080009
	POS	WLY	Y	3.1301	67879CO0010023
	POS	XEQ	Y	3.1965	67879CO0010025
	EPO	XER	Y	3.0997	67879CO0080010
	POS	XES	Y	3.1818	67879CO0010026
	EPO	XET	Y	3.0850	67879CO0080011
	POS	XEU	N	4.0888	67879CO0010027
	POS	XEV	N	4.1737	67879CO0010028
	POS	XFW	N	3.0870	67879CO0010037
	POS	XF9	N	2.7593	67879CO0010041

EPO	XH9	N	2.6803	67879CO0080020
POS	XIW	N	2.7425	67879CO0010042
EPO	XIX	N	2.6640	67879CO0080021
POS	AFX	N	2.9165	67879CO0010038
POS	XFY	N	2.8965	67879CO0010039
POS	XFZ	N	2.8825	67879CO0010040
EPO	XF5	N	2.9461	67879CO0080016
EPO	XF6	N	2.8359	67879CO0080017
EPO	XF7	N	2.8158	67879CO0080018
EPO	XF8	N	2.8017	67879CO0080019
POS	XFO	N	3.2293	67879CO0010029
POS	XFP	N	3.3084	67879CO0010030
POS	XFQ	N	3.1606	67879CO0010031
POS	XFR	N	3.2016	67879CO0010032
POS	XFS	N	2.8784	67879CO0010033
POS	XFT	N	2.9546	67879CO0010034
POS	XFU	N	2.8388	67879CO0010035
POS	XFV	N	2.9153	67879CO0010036
POS	XF1	N	2.7804	67879CO0080012
POS	XF2	N	2.8580	67879CO0080013
POS	XF3	N	2.7451	67879CO0080014
POS	XF4	N	2.8257	67879CO0080015
EPO	XIY	N	3.3542	67879CO0080022
EPO	XIZ	N	3.3765	67879CO0080023

Pharmacy Plan Relativities

Plan	Plan Relativity
F6	2.216
F8	2.131
F8HSA	0.000
GG	1.858
1Q	1.791
1QHSA	0.000
GJ	2.555
GHSA	0.000
1THSA	0.000

Wellness Program for all Customers

Participation Based program. Included with all policies, no additional charge for the program.

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	Per guidance from the DOI we did not include an HR-1 form.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Since this is a new plan filing this form is not required.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see act memo for certification.
Attachment(s):	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-24.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unified INS 2013-07-19.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	

State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02a_Ins_exhs_Attach_G_BenefitPlanDesigns rev2013-07-24.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls
Item Status:	
Status Date:	

Satisfied - Item:	Conf Index Request
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_index_request.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Underwriting Guidelines (removed)
Comments:	Per request by the division, this section has been removed.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-07-02.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-07-02.xls
Item Status:	
Status Date:	

Satisfied - Item:	Colorado Actuarial Memorandum
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State:	Colorado	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	POS,EPO		
Project Name/Number:	/		

Comments:	
Attachment(s):	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-07-01b.pdf
Item Status:	
Status Date:	

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Attachment plan_management_data_templates_unified INS 2013-07-19.xlsm is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-07-02.xls is not a PDF document and cannot be reproduced here.

Exhibit 1: Base Premium Rates

POS/EPO Index Rate	1/14	2/14	3/14	4/14	5/14	6/14	7/14	8/14	9/14	10/14	11/14	12/14
Medical	114.91	114.91	114.91	117.42	117.42	117.42	120.04	120.04	120.04	122.66	122.66	122.66
Pharmacy	<u>19.88</u>	<u>19.88</u>	<u>19.88</u>	<u>20.31</u>	<u>20.31</u>	<u>20.31</u>	<u>20.77</u>	<u>20.77</u>	<u>20.77</u>	<u>21.22</u>	<u>21.22</u>	<u>21.22</u>
Total	134.79	134.79	134.79	137.73	137.73	137.73	140.81	140.81	140.81	143.88	143.88	143.88

Exhibit 2: Age Factors

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
Over 63	3.000

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

State of Colorado Rate Review

Purpose:

The purpose of this filing is to comply with Regulation 4-2-11 of the Colorado Division of Insurance which requires health insurance rate changes to be filed for their review and approval prior to use. This filing is to outline manual base rates and rating factors compliant to PPACA Adjusted Community Rating requirements on non-grandfathered small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** CO
- **HIOS Issuer ID:** 67879
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Della Logan
- **Primary Contact Telephone Number:** 860-702-5770
- **Primary Contact Email Address:** Della_Logan@uhc.com

Proposed Rate Changes: UnitedHealthcare is filing for the revised medical and pharmacy base rates, rating factors and new benefit plans written under new policy forms which have been provided in our CO state rate filing that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The proposed rate changes are as below:

BASE PREMIUM RATES

Medical and Pharmacy base rates have been revised due to changes in allowed rating factors, ranges and rating methodologies. The new base rates also reflect the adjustments to generate needed revenue to cover Essential Health Benefit requirements, Insurer and Re-insurance fees, other Healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in exhibit 1.

The requested base rate change reflects the combined impacts from the new base rates, adoption of PPACA compliant age factors, industry factors and other factors not allowed under Adjusted Community Rating methodology. This manual rate change also includes the proposed annual pricing trend.

AGE FACTORS

Age factors are per the recommended age rating scale from HHS. A revenue neutral adjustment is being filed with the division to reflect the new age scale. Age factors are provided on exhibit 2.

AREA FACTORS

Area factors are provided in Exhibit 3. Rating areas are decided based on Colorado rating area mapping which have been approved by HHS. Area factors are calculated based on average medical cost patterns in the various rating areas.

TREND FACTOR

The proposed trend factor is 9.1%. This is in our current rate filing submitted to the CO DOI for rates effective 1/1/14.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:
Note the base rates per exhibit 1 already include the proposed trend factor.

$$(\text{Medical Base Rate} \times \text{medical plan relativity}) + (\text{Rx base rate} \times \text{Rx plan relativity}) \times \text{Area Factor} \times \text{Age Factor} = \text{Final Health Premium Rate}$$

NEW PLAN DESIGNS

New PPACA compliant plan designs with plan relativities and actuarial value metal tier are provided in Exhibit 4. All listed plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. Mental Health Parity testing has been conducted to ensure compliance.

These new plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement, the plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirements and the proper benefit range is following.

These new plans have no current membership nor historical experience.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

- **Premiums (net of MLR Rebate) in Experience Period:** Manual premiums for the experience period are given in Part I. UnitedHealthcare's anticipated MLR rebate payment in 2012 is \$0.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.

- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors are filed in this filing.
- **Trend Factors:** UnitedHealthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed claims across both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado.
- **Credibility of Experience:** We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado, with over 887,000 member months in the experience period. This block of business has historically demonstrated relatively stable claim patterns. For the base rate developing purpose, we regard it to be fully credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** At this point, we use the assumption that the risk level of membership insured by UnitedHealth Insurance Company is below the state average risk level. We will maintain this assumption till further study can be conducted. We have adjusted for this in our proposed base rates.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. The state of Colorado chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.
- **Non-Benefit Expenses and Risk Margin:** The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado. Except for the addition of PPACA fees, these are similar to our actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
5.9%	General expenses
4.6%	Commissions
<u>0.8%</u>	<u>Cost containment programs/ quality improvement activities</u>
11.3%	Sub-Total Admin Expenses

- 5% Profit
- 5.4% Taxes, Licenses, other regulatory fees (does not include FIT)
- 2.6% Federal Income Tax
- 24.3% Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 83.2%.

Index Rate:

The experience period index rate is the same as the allowed amount reported in URRT Part I. The table below illustrates the index rate for the projection period.

UnitedHealthcare Insurance Company													
Effective Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2014 Effective Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Month	12,664	4,165	4,287	5,450	5,874	6,609	6,173	5,356	5,192	4,535	3,688	6,373	70,366
Base Allowed Claims PMPM 2012	381	381	381	381	381	381	381	381	381	381	381	381	381
Benefit Increase (EHB)	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	
Base Rate Action	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	
Annual Trend Rate	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
Months of Trend	18	19	20	21	22	23	24	25	26	27	28	29	
Projected allowed Claims	\$ 456.48	\$ 459.76	\$ 463.06	\$ 466.39	\$ 469.73	\$ 473.11	\$ 476.50	\$ 479.92	\$ 483.37	\$ 486.84	\$ 490.33	\$ 493.85	\$ 473.15
Index Rate for Part I	\$ 473.15												
Effective Date for Part I	1/1/2014												

AV Metal Values:

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Please see below for the detailed methodology of the adjustments made to the HHS Actuarial Value Calculator using the method described in 45 CFR Part 156, §156.135.

1. Copays that apply after the annual deductible (even if Rx).

In order to account for copays that apply after the annual deductible, the continuance tables in the AV calculator were used to convert those copays into an effective coinsurance amount.

2. Copays and Per Occurrence Copays (POC/PODs)

In order to account for copays and per occurrence copays that regularly cannot be accounted for in the AV calculator, it was necessary to use the continuance tables, and in

cases where that was not viable, our national data, in order to attain an effective coinsurance rate. It was also necessary to blend multiple runs of the AV calculator with tiers.

3. Premium Designation Tiering Under Version 6.0 (Rhapsody)

In order to account for premium designation tiering (Rhapsody style plans) it was necessary for us to blend multiple tiers of the AV calculator accounting for both premium and non-premium PCP/SPEC tiering.

4. Split Deductible HRA Type Plans

In order to account for split deductible, or second dollar, HRA plans, we had to run the AV calculator three times:

1. \$0 Contribution (AV1)
2. X Contribution, where $X = \text{Deductible}$ (AV2)
3. Y Contribution, where $Y = X - \text{Desired Contribution Amount}$ (AV3)

The runs are then plugged into the following formula: $AV1 - AV2 + AV3$

Screen prints of the AV calculator runs are attached to the Unique plan design form in the rate filing submitted to Colorado.

AV Pricing Values: New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The base plan is a 100% medical plan with Rx coverage. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirement and the proper benefit range is following.

Membership Projections: Membership is projected to continue at the current membership level in the last month of the experience period.

Terminated Products: No products are being terminated.

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance:

Due to responsibility allocation, I rely on UHC Product Design Department for reasonable and compliant benefit designs. I am not able to completely judge the reasonableness of the plan designs without performing substantial additional work beyond what is required to produce this rate filing.

Due to responsibility allocation, I rely on UHC Finance Department for Administrative expense information. I am not able to completely judge the reasonableness of the information without performing substantial additional work beyond what is required to produce this rate filing.

Actuarial Certification:

I, Della Logan, am an actuary at UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate to the best of my knowledge is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology used to develop the AV metal values. As required by 45 CFR Part 156, §156.135, I certify that the actuarial values developed in this rate filing for policies effective January 1, 2014 are in compliance with CFR 156.135 (b)(2)(i).

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Della J. Logan, ASA, MAAA
Senior Pricing Consultant and Actuary
185 Asylum Street, City Place 1
CT039-16B
Hartford, CT 06103
Phone 860-702-5770

Date: 5/8/2013

Exhibit 3: Area Factors

Rating Area	Rating Factor	Counties
1	0.904	Boulder
2	0.898	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.224	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache
9	1.351	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.347	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.428	Eagle, Garfield, Pitkin, Summit

Exhibit 4: INS Products

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
XFO	Gold	79.6%	3.229	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFP	Gold	79.8%	3.308	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFQ	Gold	78.3%	3.161	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFR	Gold	78.5%	3.202	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFS	Silver	70.4%	2.878	2.216	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFT	Silver	70.9%	2.955	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFU	Silver	69.3%	2.839	2.216	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFV	Silver	69.8%	2.915	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFW	Silver	71.4%	3.087	1.858	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFX	Silver	69.2%	2.917	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFY	Silver	68.7%	2.896	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFZ	Silver	68.2%	2.882	1.858	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF1	Silver	69.9%	2.780	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF2	Silver	70.0%	2.858	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF3	Silver	68.8%	2.745	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF4	Silver	68.9%	2.826	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF5	Silver	71.4%	2.946	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF6	Silver	69.2%	2.836	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF7	Silver	68.7%	2.816	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF8	Silver	68.2%	2.802	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF9	Bronze	60.6%	2.759	1.791	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XH9	Bronze	60.6%	2.680	1.791	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XIW	Bronze	61.7%	2.742	1.791	POS	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XIX	Bronze	61.7%	2.664	1.791	EPO	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XDU	Gold	79.1%	3.350	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDV	Gold	78.1%	3.276	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDW	Gold	78.1%	3.312	2.216	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	15/35/70/250
XDX	Silver	70.4%	2.956	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XDY	Silver	70.0%	2.941	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XDZ	Silver	69.6%	2.926	1.858	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD1	Silver	68.4%	2.896	1.858	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD2	Silver	70.3%	2.973	1.858	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD3	Silver	69.8%	2.964	1.858	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD4	Silver	70.6%	2.948	1.858	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WJ9	Silver	70.6%	3.450	0.000	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	15/40/80/250
WK5	Silver	69.1%	3.380	0.000	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	15/40/80/250
WK6	Silver	68.5%	3.330	0.000	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	15/40/80/250
WK7	Silver	68.7%	3.326	0.000	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8HSA	15/40/80/250
WK8	Silver	70.4%	3.271	0.000	POS	\$35 After Ded	\$70 After Ded	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	15/40/80/250
WK9	Bronze	60.4%	3.063	0.000	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GHSA	20/50/100/250

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
WLU	Bronze	58.9%	3.009	0.000	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GHHSA	20/50/100/250
WLV	Gold	78.8%	3.938	0.000	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1THSA	10/30/50/250
XD5	Gold	79.1%	3.269	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD6	Gold	78.1%	3.207	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD7	Silver	70.3%	2.892	1.858	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD8	Silver	69.8%	2.883	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD9	Silver	70.6%	2.866	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WLW	Silver	70.6%	3.176	0.000	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8HSA	15/40/80/250
WLX	Silver	68.5%	3.262	0.000	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8HSA	15/40/80/250
XEK	Gold	78.7%	2.973	2.131	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
XEL	Gold	79.6%	3.289	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XEM	Gold	81.5%	3.554	2.216	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEN	Gold	78.8%	3.366	2.216	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
XEO	Gold	81.5%	3.464	2.216	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEP	Gold	78.8%	3.276	2.216	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
WLY	Bronze	61.9%	3.130	0.000	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GHHSA	20/50/100/250
XEQ	Bronze	60.5%	3.196	0.000	POS	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1QHSA	25/50/100/250
XER	Bronze	60.5%	3.100	0.000	EPO	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1QHSA	25/50/100/250
XES	Bronze	59.4%	3.182	0.000	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1QHSA	25/50/100/250
XET	Bronze	59.4%	3.085	0.000	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1QHSA	25/50/100/250
XEU	Platinum	88.0%	4.089	2.555	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XEV	Platinum	88.2%	4.174	2.555	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XIY	Gold	78.0%	3.354	2.216	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250
XIZ	Gold	78.1%	3.377	2.216	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Attachment F: Retention

H. Relationship of Benefits to Premium

Description	Percentage	Support
Commissions	4.6%	NAIC Supplemental Health Exhibit for 2012 (1)
General Expenses	5.9%	NAIC Supplemental Health Exhibit for 2012 (1)
Premium Taxes	2.0%	NAIC Supplemental Health Exhibit for 2012 (1)
Profit/Contingencies excludes FIT	5.0%	UHC company target, is less than 7% per CO DOI guidance
FIT	2.6%	NAIC Supplemental Health Exhibit for 2012 (1)
Investment Income	0.0%	less than 0.1%
Exchange Fee	0.0%	not applicable
PPACA Fee	2.3%	2.3% insurer fee
Reinsurance Fee + PCORI fee	1.1%	reinsurance fee + PCORI fee (assumes \$5.25 + .17 per HHS Regulations)
Other	0.8%	Quality initiatives/Information technology improvements NAIC Supplemental Health Exhibit for 2012 (1)
Total Retention	24.3%	
Total Retention	20%	Excluding PPACA fees and Quality initiative and information technology improvements
Targeted Loss Ratio	75.7%	
Targeted Loss Ratio	80%	Excluding PPACA fees and Quality initiative and information technology improvements

(1) summary of portions of the NAIC supplemental Health exhibit for CY 2012 are shown on confidential index id # 7

Attachment I: Credibility- INS and HMO	
1. Credibility Percentage (Colorado Only): If other, please specify	100%
The above credibility percentage is based upon:	<input type="checkbox"/> Life Years <input checked="" type="checkbox"/> Claims <input type="checkbox"/> Other (Please Specify)
2. Number of years of data used to calculate above credibility percentage:	1

Attachment J: Benefit Ratio Projections (INS and HMO)			
Projected Experience for Rating Period			
	Premiums	Claims	Benefits Ratio
Projected Experience Without Change	\$ 426,081,932.01	\$ 331,882,192.52	77.9%
Projected Experience With Change	\$ 438,438,308.03	\$ 331,882,192.52	75.7%
If priced using a lifetime loss ratio standard, the above projections should show the projected lifetime loss ratios and should include the entire lifetime of the product(s), or a time frame over which the lifetime loss ratio will be achieved. Above projections include (check only one box):		<input checked="" type="checkbox"/> Colorado <input type="checkbox"/> Nationwide <input type="checkbox"/> Blended CO/Nationwide <input type="checkbox"/> Other (Please Specify)	
Additional Information:			

Attachment E: INS Data Requirements

Earned premium and loss experience data submitted on a Colorado-only basis for Insurance products for at least 3 years is presented below.

Because we have current experience for our analysis, therefore we are not providing on level rate premium.

INS							
<u>Period</u>	<u>Number of Policyholders</u>	<u>Average Covered lives</u>	<u>Earned Premium</u>	<u>Medical Expense</u>	<u>Estimated IBNR Claims</u>	<u>Loss Ratio</u>	<u>Approximate Number of Claims (2)</u>
2010 Calendar Year	9,269	74,212	\$337,265,657	\$280,446,496	Not Available	83.2% >	1,250,000
Non-Grandfathered plans, non-BG1s							
2011 Calendar Year (1)	9,130	73,871	\$330,714,387	\$263,483,818	-\$202,521	79.7% >	1,250,000
2012 Calendar Year (1)	9,182	72,614	\$328,571,178	\$259,985,855	\$2,845,218	79.1% >	1,230,000

This is the latest data available for reporting.

(1) includes Rx rebates, prior years do not include Rx rebates since that data was not available.

(2) This is an estimate of the minimum number of claims for this time period.

INS and HMO							
<u>Period</u>	<u>Number of Policyholders</u>	<u>Average Covered lives</u>	<u>Earned Premium</u>	<u>Medical Expense</u>	<u>Estimated IBNR Claims</u>	<u>Loss Ratio</u>	<u>Approximate Number of Claims (2)</u>
2010 Calendar Year	9,382	74,548	\$339,939,089	\$283,013,790	Not Available	83.3% >	1,250,000
Non-Grandfathered plans, non-BG1s							
2011 Calendar Year (1)	9,204	74,147	\$332,877,768	\$264,867,170	-\$203,448	79.6% >	1,250,000
2012 Calendar Year (1)	9,485	73,955	\$334,342,242	\$264,296,433	\$2,865,204.85	79.0% >	1,250,000

This is the latest data available for reporting.

This meets the Colorado credibility standards of more than 2,000 claims.

(1) includes Rx rebates, prior years do not include Rx rebates since that data was not available.

(2) This is an estimate of the minimum number of claims for this time period.

Grandfathered groups are assumed the same from 2011 to 2012

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XFO	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFP	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFQ	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFR	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFS	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFT	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFU	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFV	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFW	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
AFX	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFY	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFZ	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF1	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF2	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF3	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF4	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF5	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF6	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF7	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF8	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF9	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XH9	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIW	POS	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIX	EPO	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XDU	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDV	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDW	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	N	15/35/70/250
XDZ	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDY	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDZ	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD1	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD2	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD3	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD4	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WJ9	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
WK5	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
WK6	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
WK7	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8HSA	Y	15/40/80/250
		\$35 After Ded	\$70 After Ded															
WK8	POS			80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
WK9	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GHSA	Y	20/50/100/250
WLU	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GHSA	Y	20/50/100/250
WLV	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1THSA	Y	10/30/50/250
XD5	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XD6	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250
XD7	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD8	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD9	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WLW	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
WLX	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8HSA	Y	15/40/80/250
XEK	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	N	15/40/80/250
XEL	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XEM	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEN	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
XEO	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEP	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
WLY	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GHSA	Y	20/50/100/250
XEQ	POS	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1QHSA	Y	25/50/100/250
XER	EPO	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1QHSA	Y	25/50/100/250
XES	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1QHSA	Y	25/50/100/250
XET	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1QHSA	Y	25/50/100/250
XEU	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XEV	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XIY	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250
XIZ	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Attachment H: RATING PERIOD	
Proposed Effective Date:	1/1/2014
Rating Period:	01/01/2014-12/31/2014

CONFIDENTIALITY INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please Fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1 Identification of Party Requesting Confidential or Privileged Status:

Name:	Della J. Logan
Company:	United Healthcare Insurance Company
Address:	185 Asylum Street, City Place I, CT039-16B
	Hartford, CT 06103
Email Address	Della_Logan@uhc.com
Telephone:	860-702-5770
Facsimile:	860-702-5016

2 Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01a	Historical Trend results	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies historical trend results would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
01b	Pricing Trend Components Colorado data	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies pricing trend components would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
01c	Final summary Pricing Trend Components Colorado data	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies pricing trend components would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
02	Justification for changes in Area Factors	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies justification for changes in area factors would allow competitors to view confidential CO specific info and might contribute to unfair competitive advantage.
03	Base rate analysis	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies summary of base rate analysis would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
04	PPACA Fees- calculation of fees	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies calculation of the PPACA fees would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
05	Measurement of rate impact for Essential Health Benefits	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies impact of EHB would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
06	Justification for projected loss ratio	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies detailed components for justifying our loss ratio projections would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
07	Summary of CO Small Group CY 2012 NAIC Supplemental Part 1 Exhibit	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies NAIC supplemental data would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.

Bulletin B-1.15

Effective December 9, 2008

Rate Sample: INS

Rating Area 1

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (1):	0.904	0.904	0.904	0.904
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$522.80	\$394.69	\$458.01	\$371.98
Monthly Rx PMPM:	\$0.00	\$48.94	\$0.00	\$42.67
Rate PMPM:	\$522.80	\$443.63	\$458.01	\$414.66

Rating Area 2

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (2):	0.898	0.898	0.898	0.898
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$519.33	\$392.07	\$454.97	\$369.52
Monthly Rx PMPM:	\$0.00	\$48.62	\$0.00	\$42.39
Rate PMPM:	\$519.33	\$440.69	\$454.97	\$411.91

Rating Area 3

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (3):	0.918	0.918	0.918	0.918
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$530.89	\$400.80	\$465.10	\$377.75
Monthly Rx PMPM:	\$0.00	\$49.70	\$0.00	\$43.33
Rate PMPM:	\$530.89	\$450.50	\$465.10	\$421.08

Rate Sample: INS

Rating Area 4

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (4):	1.179	1.179	1.179	1.179
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$681.83	\$514.75	\$597.34	\$485.14
Monthly Rx PMPM:	\$0.00	\$63.83	\$0.00	\$55.66
Rate PMPM:	\$681.83	\$578.58	\$597.34	\$540.80

Rating Area 5

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (5):	1.122	1.122	1.122	1.122
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$648.87	\$489.87	\$568.46	\$461.69
Monthly Rx PMPM:	\$0.00	\$60.75	\$0.00	\$52.96
Rate PMPM:	\$648.87	\$550.61	\$568.46	\$514.65

Rating Area 6

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (6):	1.133	1.133	1.133	1.133
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$655.23	\$494.67	\$574.03	\$466.22
Monthly Rx PMPM:	\$0.00	\$61.34	\$0.00	\$53.48
Rate PMPM:	\$655.23	\$556.01	\$574.03	\$519.70

Rate Sample: INS

Rating Area 7

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (7):	0.905	0.905	0.905	0.905
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$523.37	\$395.12	\$458.52	\$372.40
Monthly Rx PMPM:	\$0.00	\$49.00	\$0.00	\$42.72
Rate PMPM:	\$523.37	\$444.12	\$458.52	\$415.12

Rating Area 8

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (8):	1.224	1.224	1.224	1.224
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$707.86	\$534.40	\$620.14	\$503.66
Monthly Rx PMPM:	\$0.00	\$66.27	\$0.00	\$57.78
Rate PMPM:	\$707.86	\$600.67	\$620.14	\$561.44

Rating Area 9

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (9):	1.351	1.351	1.351	1.351
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$781.30	\$589.85	\$684.48	\$555.92
Monthly Rx PMPM:	\$0.00	\$73.15	\$0.00	\$63.77
Rate PMPM:	\$781.30	\$662.99	\$684.48	\$619.69

Rate Sample: INS

Rating Area 10

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (10):	1.347	1.347	1.347	1.347
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$778.99	\$588.10	\$682.46	\$554.27
Monthly Rx PMPM:	\$0.00	\$72.93	\$0.00	\$63.59
Rate PMPM:	\$778.99	\$661.03	\$682.46	\$617.86

Rating Area 11

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (11):	1.428	1.428	1.428	1.428
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$825.83	\$623.46	\$723.50	\$587.60
Monthly Rx PMPM:	\$0.00	\$77.31	\$0.00	\$67.41
Rate PMPM:	\$825.83	\$700.78	\$723.50	\$655.01

Actuarial Memorandum (Colorado Insurance Regulation 4-2-11 Section 6)

May 8, 2013

Re: UnitedHealthcare Insurance Company Rate Filing
Non-Grandfathered Employer Groups with 2-50 Eligible Employees (Small Group)

Summary (Reg 4-2-11 Section 6 (A))

1. Reason(s) for the rate filing: This is a new rate filing. The purpose of this filing is to provide rates and rating factors for non-grandfathered small group plans marketed by UnitedHealthcare Insurance Company, for groups of 2-50 eligible employees.

UnitedHealthcare will use this rate basis for business with effective dates of 1/1/2014 through 12/31/2014. The filing has been prepared according to Colorado Insurance Regulation 4-2-11 Section 6 as well as current ACA rules and more recent guidance from the Colorado Division of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the Colorado Division of Insurance.

2. Requested rate action: Not applicable, since this is a new filing.

3. Marketing method(s): The plans will be marketed through agents, brokers and direct mail/direct response.

4. Premium classification: Premium rates will vary by effective date, geographic area, age of covered members, family composition, and benefit plan design.

5. Product descriptions: Schedule of benefits for all the new plan designs will be included with the form filing portion of this filing effective 1/1/2014. All benefit plan designs include the essential health benefits for Colorado. The benefit plan designs are provided on *attachment G_BenefitPlanDesigns*.

6. Policy/Rider form: Per guidance from the Colorado DOI on 4/12/2013, this section can be eliminated since all forms must be listed on the Plans and Benefits template and also on the forms schedule tab in SERFF.

7. Age basis: Premiums will be determined based on attained ages of members as of the effective or renewal date of the policy. The premiums will not change for a member during the policy period due to his/her birthday.

8. Renewability provision: Per guidance from the Colorado DOI 4/12/2013, this section can be eliminated since all policies are guaranteed renewable.

Assumption or Acquisition (Reg 4-2-11 Section 6(B))

The products included in this rate filing are not part of an assumption or acquisition of policies from another company.

Rating Period (Reg 4-2-11 Section 6 (C))

The rates in this filing are intended for new and renewing business from 1/1/2014 through

12/31/2014. The planned implementation date of the rates is 1/1/2014. A group's rates will remain in effect for 12 months following its rate effective date. Please see *attachment H_RatingPeriod* (per the Division's request) for an excel file with this information.

Underwriting (Reg 4-2-11 Section 6 (D))

Per guidance from the Colorado DOI on 4/12/13 this section can be eliminated.

Effect of Law Changes (Reg 4-2-11 Section 6 (E))

Per guidance from the Colorado DOI on 4/12/13, this section can be skipped. This is because this filing is for new plans which are PPACA compliant as of 1/1/2014 and they include all essential health benefits and comply with state mandates.

Rate History (Reg 4-2-11 Section 6 (F))

Not applicable, since this is a new filing.

Coordination of Benefits (Reg 4-2-11 Section 6 (G))

The impact of coordination of benefits is reflected in the experience.

Relation of Benefits to Premium (Reg 4-2-11 Section 6 (H))

For the Comprehensive Major Medical plans, our target benefits ratio (exclusive of PPACA fees and quality health care initiatives and information technology improvements) is 80%, which complies with the Division's minimum Benefits Cost ratio guideline as specified in Colorado Regulation 4-2-11. After including the PPACA insurer and reinsurance fees as well as the quality initiatives and information technology improvements the benefits ratio amounts to 75.7%. Note that using the federal definition of the minimum loss ratio translates this target benefit ratio to a federal minimum loss ratio of 83.2%.

The retention components are 5.9% general administrative expenses, 7.6% profit/risk before federal income tax (estimated 5% after federal income taxes), 2% premium tax, 4.6% broker commissions, 3.4 % PPACA fees (see below for detail breakdown), and 0.8% for quality health care initiatives and information technology improvements. Total retention is therefore 24.3%. These targets and components adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums.

Please see *attachment F_Retention* for the component break down of the retention components. A summary of the information on the NAIC supplemental health exhibit form for CY2012 was used to demonstrate that our retention projections are reasonable. This supporting documentation is shown on *confidential exhibit id #7_SupplementalHealth Exhibit Data-CY 2012*

Information about the PPACA fees:

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. These take effect with calendar year 2014 earned premiums: (See *confidential index id 4_JustificationforCalculationofPPACAFees* for the calculation of the numbers below)

1. Insurer Fee: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent

- years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. In addition, this will not be a tax deductible expense. UnitedHealthcare estimates 2014 premium will need to be increased by 2.3% to cover this fee and the associated additional federal income tax.
2. Reinsurance Fee: Per HHS regulation the additional cost amounts to \$5.25 PMPM for 2014.
 3. In addition, also beginning January, 2014, per capita fees for Patient Centered Outcomes Research Institute (PCORI) will be assessed (projected add-on to premium of \$2.00 per member per year) and will be imposed on all commercial fully insured and self-insured groups. The amount of add-on to the rate is $\$2 \text{ PMPY}/12 = \0.17 PMPM

Lifetime Loss Ratio (Reg 4-2-11 Section 6 (I))

Per guidance from the Colorado DOI on 4-12-13 this section can be eliminated.

Provision for Profit and Contingencies (Reg 4-2-11 Section 6 (J))

The percentage of the final rate for profit and contingencies is 7.6% of premiums prior to federal income tax (FIT). After FIT profit is 5% which is less than the 7% maximum as specified in the regulation.

Investment income is expected to have a negligible impact on retention. There are no unearned premium reserves or contract/policy reserves held on this product, and the product's liabilities are relatively short-term in nature. With short-term interest rates well under 1% for the foreseeable future, investment income on the remaining categories of reserves cited in the regulation should be no more than 0.1% of premium.

Complete Explanation as to How the Proposed Rates were Determined (Reg 4-2-11 Section 6 (K))

Setting the index Rates:

In order to set the index rates for the filing *we first reviewed* our current base rates in Colorado for non-grandfathered, non-BG1 small groups. As part of the review process, we compared projected revenue to manual premium for the same rating period assuming no changes to any rating factor per PPACA. This analysis indicates that absent any other changes, the manual premium will need to be increased by about **2.9%** relative to the anticipated revenue over all Insurance and HMO products. This as well as the other rate impacts described below can be seen and itemized on *Confidential Index Id #3_SummaryofBaseRateAnalysis*. Please see *confidential index id #6_Justificationfor LossRatioProjections* for a more detailed breakdown of projected claims and revenue.

The second part of the analysis is to calculate changes to index rates in 2014 due to the cost of new/revised benefits and factor in the addition of our estimated payout/receipt due to risk adjustment. a) Risk Adjustment: based on an analysis done by a consulting firm, we estimate we will be liable for a 1.3% risk payout in total for our two licenses. b) essential health benefits: we did a detail study itemizing each essential health benefit and how it compared to our current certificates of coverage and calculated rate impacts for each item. Please see *confidential index id #5_MeasurementforRateImpactforEHB* for a summary and itemization of the rate impacts per item. The total rate impact for all new/revised benefits is +2.0%. c) mental health parity adjustment: due to PPACA, all small groups will be required to have

mental health parity. The incremental cost of this is 0.2% when spread over all our small group and large group business. This is because it is a capitated cost. d) area factors: per the explanation below by implementing the proposed area factors we anticipate receiving less revenue by -0.12%. Therefore we are proposing increasing the base rate by +0.12% to make the adjustments to area factors revenue neutral. The subtotal for this section is a rate impact of **+3.7%**

The third and final part of the analysis is to calculate changes in index rates in 2014 due to rate/factor changes so as to achieve revenue neutrality for our non-grandfathered non-BG1 business. These include: a) change in current benefit plan slope as a result of using our updated pricing data for medical and rx plan relativities. (Per the explanation below, by implementing the revised pricing data we anticipate an increase in revenue. Therefore we are proposing decreasing the base rate by -13.6% to make this adjustment revenue neutral. b) 3:1 age compression to HHS' age factors: per the explanation below, by implementing HHS' age factors we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -23.4% to make this adjustment revenue neutral, and c) industry factors moving to 1.0; : per the explanation below, by removing industry factors i.e. setting these factors to 1.0 we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -1.4% to make this adjustment revenue neutral. The subtotal for this section is a rate impact of **-34.8%**

Finally, to set the index rate for the first quarter of 2014, we trended this 1/1/2014 index rate for one month at the 9.1% proposed pricing trend. This is to set the appropriate index rate for the midpoint of the first quarter 2014.

Taking the above sections into account results in an adjustment to our current index rates effective 1/1/2014 of **-29.9%.** $(1.029*1.037*(1-.348)*1.007-1)$

The base rate level as well as pricing trend factors will continue to be monitored/evaluated with changes proposed in the future as appropriate.

Setting the Area Factors:

An area factor analysis was performed and is summarized on *Confidential Index ID #2_JustificationforAreaFactorChanges*. The purpose of this study was to: a) re-evaluate our current area factors (in 9 rating areas) versus the newly defined 11 rating areas and b) to compare updated study results to determine if any changes should be made to our current area factors once redefined for the 11 rating areas. We first re-grouped the counties into groups consistent with the newly approved 11 rating areas. We calculated "current" area factors using premium weighting from our non-grandfathered non BG1 business along with current approved small group area factors. To ensure credibility in the analyses, Colorado data from HMO and insurance products lines was combined. We performed an analysis of recent historical medical cost data by the new 11 rating areas with adjustments to reflect upcoming provider contract changes within each area. This study was based on data for small group and large group contracting combined. In addition, another analysis was performed which determines supportable pricing adjustments based on a rating area's historical claims experience. We used the results of both studies taking into account the credibility of each rating area on its own to revise the "current" factors. The proposed changes in area factors result in a reduction of revenue by -0.12%, so an offset to base rates of 0.1% was included to achieve revenue neutrality. This calculation used premium for non-grandfathered, non BG1 data.

We will continue to monitor experience in all of the rating areas, and propose revisions as appropriate.

Medical and Rx Benefit Slope analysis and revenue neutrality adjustment

We performed an analysis to measure the rate impact of changing our rating from Colorado specific slope to a revised actuarial value slope using most recent national data for medical and Rx. We calculated the impact effect of re-rating the majority of our medical and rx plans on this revised pricing model. As a result of this analysis it was determined that there would be an increase in revenue due to this change in pricing methodology. Therefore we are proposing reducing index rates by -13.6% to make this change in slope and rating methodology revenue neutral.

Medical and Rx plan Relativities for new plans

The medical plan price relativities were developed using our proprietary pricing methodology. This methodology is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Some of the new plan designs have deductibles greater than \$2,000. These plans were created in order to have reasonable plan designs to hit all the AV metal values. We created these plans in order to have an appropriate range of plans to offer our current members.

3:1 age compression to HHS' age factors

We performed an analysis to measure the rate impact of changing from our current age scale to HHS' 3:1 age compression scale. We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -23.4% to make this change in age rating factors revenue neutral.

Industry factors moving to 1.0

We also performed an analysis to measure the rate impact of removing the industry factor from rating (i.e. changing all our industry factors to 1.0). We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -1.4% to make this change in industry rating factors revenue neutral.

Trend

Projected pricing trend has been calculated using Colorado small group and large group experience combined. Please see *confidential index id 1a_Trend* with the Colorado specific historical data by quarter. Providing this exhibit does not imply that the UHC actuaries believe that it is appropriate to use Colorado only experience. Rather, this exhibit also serves to show

the volatility observed in this segment, and the difficulties faced when projecting the utilization component of pricing trend based on the experience of the segment alone. Historically, this has been our reason for placing full weight on national experience when projecting the utilization and mix component in our proposed pricing trends.

Note that we used an average of Colorado 2008-2012 utilization and mix component data to derive the 1.8% for the utilization and mix assumption in the prospective pricing trend. Please see *confidential index id #1b_Trend* for a justification and breakdown of the trend components. See *confidential index id #1c_Trend* for a final summary chart of the components of trend. Consequently, we propose a 9.1% pricing trend.

We are thus proposing setting our future medical and Rx pricing trend rates to these levels.

Trend (Reg 4-2-11 Section 6 (L))

Please see the “Trend” paragraph in section 6K (above) for a description of how our projected pricing trend was calculated as well as the appropriate exhibits with the information to support the proposed trend.

The proposed rating trend is 9.1% for medical and pharmacy combined. Splitting this pricing trend, medical trend is about 7.5% and insurance trend is about 1.5%. (note that these components are multiplicative)

Past data, various models and business judgment of future economic developments are all used in estimating future trend.

At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado Group block rate development.

Credibility (Reg 4-2-11 Section 6 (M))

Over 850,000 member months and \$250 million of incurred claims are contained in the experience period used for rating. Having over 70,000 average members exceeds the 2,000 life years credibility requirement. Also, we estimate that there were more than 1,250,000 claims for the experience period which exceeds the 2,000 claims per year requirement. Therefore, the data meets the Colorado credibility requirement. Please see *attachment I_Credibility* for an excel table (per the Division’s request) for this section.

Data Requirements (Reg 4-2-11 Section 6 (N))

Please see *Attachment E_DataRequirements* This exhibit shows experience data for our non-grandfathered, non-BG1 groups.

Side-by-Side Comparison (Reg 4-2-11 Section 6 (O))

Per guidance from the Colorado DOI, since this is a new plan filing a side-by-side comparison is not required.

Benefit Ratio Projections (Reg 4-2-11 Section 6 (P))

Note that the following projections include both Insurance and HMO data. This is because the HMO data is not credible on its own.

Prior to PPACA fees and QI/IT initiatives, the projected loss ratio over a rating period of 1/1/2014 through 12/31/2014 is 80.0%. When these initiatives are included, the resulting loss ratio would amount to 75.7%.

Additional information on how this loss ratio was calculated can be found on *Confidential index id #6_JustificationforLossRatioProjections*. Please see attachment J for an excel file (per the Division's request) with the projections.

Other Factors (Reg 4-2-11 Section 6 (Q))

Attachment C shows all other rating factors, including area factors, age factors, and medical/pharmacy factors.

Rating Manuals and Underwriting Guidelines (Reg 4-2-11 Section 6 (R))

Please see the *attachments C_RatingFactors* and *D_InsuranceIndexRates* for the rating manual. These are attached on the rate/rule schedule tab in SERFF.

Wellness and Prevention Programs (Reg 4-2-11 Section 7 (B))

The wellness program we have for all our customers is a participation based program per the definitions in CRS 10-16-136. The program includes; biometric health screenings, telephonic wellness coaching, fitness reimbursements and health discounts.

Index Rates (Reg 4-2-11 Section 7 (C)(1))

Attachment_D_InsuranceIndexRates presents the index rates by effective date in this filing and their subsequent months. A description of the rate calculation formula is also presented in this attachment.

Description of Rating Practices and Renewal Underwriting Practices (Reg 4-2-11 Section 7 (C)(2))

The new business and renewal rating methodology is summarized on *Attachment D_InsuranceIndexRates*.

In addition, we reserve the right, in appropriate cases, to impose a surcharge of up to 35% for up to 12 months in accordance with C.R.S. § 10-16-105.6(3).

Actuarial Certification (Reg 4-2-11 Section 5 (B)(2))

I certify that the rates, in conjunction with the methodology, are not excessive, inadequate, nor unfairly discriminatory.

I, Della Logan, Senior Pricing Consultant and Associate Actuary at UnitedHealthcare, am an ASA and MAAA.

This rate filing document is uniquely identified with the filename shown in the document footer. All information is current-to-date shown in footer; no information or subsequent event with any material impact has arisen since production of this document.

I satisfy the 2012 continuing professional development requirements of the Academy and therefore am qualified to issue this 2013 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 20 years.

There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing.

There are no conflicts of interest with regards to my production of this rate filing.

This concludes UnitedHealthcare Insurance Company's rate filing for Colorado. Should you need additional information, please contact me at 860-702-5770 or Joseph Hoban at 570-689-7286.

Respectfully submitted,



Della J. Logan, ASA, MAAA

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/22/2013		Supporting Document	Actuarial Memorandum and Certifications	07/24/2013	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns rev2013-07-19.pdf (Superceded)

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/22/2013		Supporting Document	Exhibits	07/24/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_RatingPeriod.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_RatingPeriod.xls COSB_eff_2014-01-01_sub_2013-

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
					05-02a_Ins_exhs_Attach_G_BenefitPlanDesigns rev2013-07-19.pdf (Superceded)
07/03/2013		Rate	Rate Filing	07/24/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.xls (Superceded)
07/02/2013		Rate	Rate Filing	07/03/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.xls (Superceded)

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/02/2013		Supporting Document	Actuarial Memorandum and Certifications	07/22/2013	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf (Superceded) COSB_eff_2014-01-01_INS_Exhibit3_Rev2013-07-01.pdf
07/02/2013		Supporting Document	Unified Rate Review Template	07/24/2013	plan_management_data_templates_unified INS 2013-07-01.xls (Superceded) plan_management_data_templates_unified INS 2013-07-01.xlsm (Superceded)
05/31/2013		Supporting Document	Colorado Actuarial Memorandum	07/02/2013	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-31.pdf (Superceded)
05/30/2013		Supporting Document	Rate Sample	07/02/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.xls (Superceded)

SERFF Tracking #:

UHLC-128990056

State Tracking #:

277902

Company Tracking #:

CO SB NGF INS EFF 1/1/2014

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/30/2013		Supporting Document	Exhibits	07/22/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_RatingPeriod.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_RatingPeriod.xls COSB_eff_2014-01-01_sub_2013-

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TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
					05-02_INS_Attach_G_BenefitPlanDesigns.pdf (Superceded)
05/30/2013		Rate	Rate Filing	07/02/2013	COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.pdf (Superceded)
05/30/2013		Supporting Document	Actuarial Memorandum and Certifications	07/02/2013	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf

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UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/24/2013		Supporting Document	Actuarial Memorandum and Certifications	05/30/2013	COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Act memo rev 2013-05-24.pdf (Superceded)
05/22/2013		Supporting Document	Actuarial Memorandum and Certifications	05/24/2013	COSB_eff_2014-01-01_sub_2013-05-08_Ins_URRT_Actmemo.pdf (Superceded) COSB_eff_2014-01-01_INS_Exhibit1_BasePremiumRates.pdf COSB_eff_2014-01-01_INS_Exhibit2_AgeFactors.pdf COSB_eff_2014-01-01_INS_Exhibit3_AreaFactors.pdf COSB_eff_2014-01-01_INS_Exhibit4_BenefitPlanDesigns.pdf (Superceded)
05/22/2013		Supporting Document	Colorado Actuarial Memorandum	05/31/2013	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo rev 2013-05-22.pdf (Superceded)

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TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/21/2013		Supporting Document	Rate Sample	05/30/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-21.pdf (Superceded)
05/21/2013		Rate	Rate Filing	05/30/2013	COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D_InsuranceIndexRates.pdf
05/21/2013		Supporting Document	Unified Rate Review Template	07/02/2013	plan_management_data_templates_unified INS 2013-05-07.xlsm (Superceded) plan_management_data_templates_unified INS 2013-05-07.xls (Superceded)

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TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

POS,EPO

Project Name/Number:

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Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/21/2013		Supporting Document	Exhibits	05/30/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F_Retention.pdf COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_RatingPeriod.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls (Superceded)
05/01/2013		Supporting Document	Rate Sample	05/21/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample.pdf (Superceded)
04/25/2013		Supporting Document	Underwriting Guidelines	05/21/2013	UW_Guidelines_CO_SB_Guidelines.pdf (Superceded)
04/25/2013		Rate	Rate Filing	05/21/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_D.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls (Superceded)

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TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/25/2013		Supporting Document	Exhibits	05/21/2013	COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_F.pdf (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls (Superceded) COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_G.pdf (Superceded)
04/25/2013		Supporting Document	Conf Index Request	05/21/2013	COSB_eff_2014-01-01_sub_2013-05-02_Ins_conf_index.pdf (Superceded)
04/24/2013		Form	UnitedHealthcare Choice Schedule of Benefits	05/21/2013	
04/17/2013		Supporting Document	Actuarial Memorandum and Certifications	05/22/2013	COSB_eff_2014-01-01_sub_2013-05-08_Ins_Act memo.pdf (Superceded)

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CO SB NGF INS EFF 1/1/2014

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Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

POS,EPO

Project Name/Number:

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Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/17/2013		Supporting Document	Unified Rate Review Template	05/21/2013	COSB_eff_2014-01-01_INS_Exhibit 1.pdf (Superceded) COSB_eff_2014-01-01_INS_Exhibit 2.pdf (Superceded) COSB_eff_2014-01-01_INS_Exhibit 3.pdf (Superceded) COSB_eff_2014-01-01_INS_Exhibit 4.pdf (Superceded) UnifiedRateReviewSubmission- INS_20130507105839.xml (Superceded) COSB_eff_2014-01-01_sub_2013- 05-08_Ins_URRT _Act memo.pdf (Superceded)

State: Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: POS,EPO

Project Name/Number: /

Attachment COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors_2013-07-03.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_AttachC_RatingFactors_2013-07-02.xls is not a PDF document and cannot be reproduced here.

Attachment plan_management_data_templates_unified INS 2013-07-01.xls is not a PDF document and cannot be reproduced here.

Attachment plan_management_data_templates_unified INS 2013-07-01.xlsm is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Rate Sample_rev_2013-05-29.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C_RatingFactors.xls is not a PDF document and cannot be reproduced here.

Attachment plan_management_data_templates_unified INS 2013-05-07.xlsm is not a PDF document and cannot be reproduced here.

Attachment plan_management_data_templates_unified INS 2013-05-07.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E_DataRequirements.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H_Rating Period.xls is not a PDF document and cannot be reproduced here.

State:

Colorado

Filing Company:

UnitedHealthcare Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

POS,EPO

Project Name/Number:

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Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I_Credibility.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J_BenefitRatioProjections.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02a_INS_Attach_C.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_E.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_H.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_J.xls is not a PDF document and cannot be reproduced here.

Attachment COSB_eff_2014-01-01_sub_2013-05-02_INS_Attach_I.xls is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission-INS_20130507105839.xml is not a PDF document and cannot be reproduced here.

Exhibit 4: INS Products

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
XFO	Gold	79.6%	3.229	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFP	Gold	79.8%	3.308	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFQ	Gold	78.3%	3.161	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFR	Gold	78.5%	3.202	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFS	Silver	70.4%	2.878	2.216	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFT	Silver	70.9%	2.955	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFU	Silver	69.3%	2.839	2.216	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFV	Silver	69.8%	2.915	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFW	Silver	71.4%	3.087	1.858	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFX	Silver	69.2%	2.917	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFY	Silver	68.7%	2.896	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFZ	Silver	68.2%	2.882	1.858	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF1	Silver	69.9%	2.780	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF2	Silver	70.0%	2.858	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF3	Silver	68.8%	2.745	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF4	Silver	68.9%	2.826	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF5	Silver	71.4%	2.946	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF6	Silver	69.2%	2.836	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF7	Silver	68.7%	2.816	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF8	Silver	68.2%	2.802	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF9	Bronze	60.6%	2.759	1.791	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XH9	Bronze	60.6%	2.680	1.791	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XIW	Bronze	61.7%	2.742	1.791	POS	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XIX	Bronze	61.7%	2.664	1.791	EPO	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XDU	Gold	79.1%	3.350	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDV	Gold	78.1%	3.276	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDW	Gold	78.1%	3.312	2.216	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	15/35/70/250
XXD	Silver	70.4%	2.956	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXY	Silver	70.0%	2.941	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXZ	Silver	69.6%	2.926	1.858	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD1	Silver	68.4%	2.896	1.858	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD2	Silver	70.3%	2.973	1.858	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD3	Silver	69.8%	2.964	1.858	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD4	Silver	70.6%	2.948	1.858	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WJ9	Silver	70.6%	3.450	0.000	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK5	Silver	69.1%	3.380	0.000	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK6	Silver	68.5%	3.330	0.000	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK7	Silver	68.7%	3.326	0.000	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
WK8	Silver	70.4%	3.271	0.000	POS	\$35 After Ded	\$70 After Ded	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK9	Bronze	60.4%	3.063	0.000	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
WLU	Bronze	58.9%	3.009	0.000	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250
WLV	Gold	78.8%	3.938	0.000	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	10/30/50/250
XD5	Gold	79.1%	3.269	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD6	Gold	78.1%	3.207	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD7	Silver	70.3%	2.892	1.858	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD8	Silver	69.8%	2.883	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD9	Silver	70.6%	2.866	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WLW	Silver	70.6%	3.176	0.000	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
WLX	Silver	68.5%	3.262	0.000	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
XEK	Gold	78.7%	2.973	2.131	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
XEL	Gold	79.6%	3.289	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XEM	Gold	81.5%	3.554	2.216	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEN	Gold	78.8%	3.366	2.216	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
XEO	Gold	81.5%	3.464	2.216	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEP	Gold	78.8%	3.276	2.216	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
WLY	Bronze	61.9%	3.130	0.000	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	20/50/100/250
XEQ	Bronze	60.5%	3.196	0.000	POS	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XER	Bronze	60.5%	3.100	0.000	EPO	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XES	Bronze	59.4%	3.182	0.000	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XET	Bronze	59.4%	3.085	0.000	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XEU	Platinum	88.0%	4.089	2.555	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XEV	Platinum	88.2%	4.174	2.555	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XIY	Gold	78.0%	3.354	2.216	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250
XIZ	Gold	78.1%	3.377	2.216	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XFO	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFP	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFQ	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFR	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFS	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFT	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFU	POS	\$30/\$60	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFV	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFW	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
AFX	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFY	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFZ	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF1	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF2	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF3	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF4	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF5	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF6	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF7	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF8	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF9	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XH9	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIW	POS	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIX	EPO	\$60	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XDU	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDV	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDW	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	N	15/35/70/250
XDZ	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDY	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDZ	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD1	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD2	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD3	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD4	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WJ9	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK5	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK6	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK7	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	Y	15/40/80/250
		\$35 After Ded	\$70 After Ded															
WK8	POS			80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK9	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLU	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLV	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	Y	10/30/50/250
XD5	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XD6	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250
XD7	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD8	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD9	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WLW	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WLX	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
XEK	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	N	15/40/80/250
XEL	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XEM	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEN	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
XEO	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEP	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
WLY	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	Y	20/50/100/250
XEQ	POS	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XER	EPO	\$50	\$90	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XES	POS	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XET	EPO	\$50	\$90	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XEU	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XEV	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XIY	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250
XIZ	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Please see section 6(K) in the actuarial memorandum for how these factors were developed

Attachment C: Insurance Other Factors

Area Factors		
Rating Area	Rating Factor	Counties
1	0.904	Boulder
2	0.898	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.224	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache, Mineral
9	1.351	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.347	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.428	Eagle, Garfield, Pitkin, Summit

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
Over 63	3.000

Medical Plan Relativities

For combined deductible plans (i.e. integ Rx = Y) , the medical plan relativity includes the Rx cost.

	Product	Plan	integ Rx?	Plan Relativity	HIOS Plan ID
	POS	XDU	N	3.3500	67879CO0010001
	POS	XDV	N	3.2763	67879CO0010002

	POS	XDW	N	3.3123	67879CO0010003
	POS	DX	N	2.9562	67879CO0010004
	POS	XDY	N	2.9406	67879CO0010005
	POS	XDZ	N	2.9263	67879CO0010006
	POS	XD1	N	2.8957	67879CO0010007
	POS	XD2	N	2.9730	67879CO0010008
	POS	XD3	N	2.9643	67879CO0010009
	POS	XD4	N	2.9480	67879CO0010010
	POS	WJ9	Y	3.4495	67879CO0010011
	POS	WK5	Y	3.3799	67879CO0010012
	POS	WK6	Y	3.3304	67879CO0010013
	POS	WK7	Y	3.3260	67879CO0010014
	POS	WK8	Y	3.2707	67879CO0010015
	POS	WK9	Y	3.0626	67879CO0010016
	POS	WLU	Y	3.0086	67879CO0010017
	POS	WLV	Y	3.9384	67879CO0010018
	EPO	XD5	N	3.2686	67879CO0080001
	EPO	XD6	N	3.2073	67879CO0080002
	EPO	XD7	N	2.8917	67879CO0080003
	EPO	XD8	N	2.8826	67879CO0080004
	EPO	XD9	N	2.8661	67879CO0080005
	EPO	WLW	Y	3.1761	67879CO0080006
	EPO	WLX	Y	3.2619	67879CO0080007
	POS	XEK	N	2.9730	67879CO0010019
	POS	XEL	N	3.2888	67879CO0010020
	POS	XEM	N	3.5543	67879CO0010021
	POS	XEN	N	3.3659	67879CO0010022
	EPO	XEO	N	3.4638	67879CO0080008
	EPO	XEP	N	3.2762	67879CO0080009
	POS	WLY	Y	3.1301	67879CO0010023
	POS	XEQ	Y	3.1965	67879CO0010025
	EPO	XER	Y	3.0997	67879CO0080010
	POS	XES	Y	3.1818	67879CO0010026
	EPO	XET	Y	3.0850	67879CO0080011
	POS	XEU	N	4.0888	67879CO0010027
	POS	XEV	N	4.1737	67879CO0010028
	POS	XFW	N	3.0870	67879CO0010037
	POS	XF9	N	2.7593	67879CO0010041
	EPO	XH9	N	2.6803	67879CO0080020
	POS	XIW	N	2.7425	67879CO0010042
	EPO	XIX	N	2.6640	67879CO0080021
	POS	AFX	N	2.9165	67879CO0010038
	POS	AFX	N	2.8965	67879CO0010039
	POS	XFZ	N	2.8825	67879CO0010040
	EPO	XF5	N	2.9461	67879CO0080016
	EPO	XF6	N	2.8359	67879CO0080017
	EPO	XF7	N	2.8158	67879CO0080018
	EPO	XF8	N	2.8017	67879CO0080019
	POS	XFO	N	3.2293	67879CO0010029
	POS	XFP	N	3.3084	67879CO0010030
	POS	XFQ	N	3.1606	67879CO0010031
	POS	XFR	N	3.2016	67879CO0010032
	POS	XFS	N	2.8784	67879CO0010033
	POS	XFT	N	2.9546	67879CO0010034
	POS	XFU	N	2.8388	67879CO0010035
	POS	XFV	N	2.9153	67879CO0010036
	POS	XF1	N	2.7804	67879CO0080012
	POS	XF2	N	2.8580	67879CO0080013
	POS	XF3	N	2.7451	67879CO0080014
	POS	XF4	N	2.8257	67879CO0080015
	EPO	XIY	N	3.3542	67879CO0080022
	EPO	XIZ	N	3.3765	67879CO0080023

Pharmacy Plan Relativities

	Plan	Plan Relativity
	F6	2.216
	F8	2.131
	GG	1.858
	1Q	1.791
	GJ	2.555

Wellness Program for all Customers

Participation Based program. Included with all policies, no additional charge for the program.

Please see section 6(K) in the actuarial memorandum for how these factors were developed

Attachment C: Insurance Other Factors

Area Factors		
Rating Area	Rating Factor	Counties
1	0.904	Boulder
2	0.898	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.224	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache, Mineral
9	1.351	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.347	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.428	Eagle, Garfield, Pitkin, Summit

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
Over 63	3.000

Medical Plan Relativities

For combined deductible plans (i.e. integ Rx = Y) , the medical plan relativity includes the Rx cost.

	Product	Plan	integ Rx?	Plan Relativity
	POS	XDU	N	3.3500
	POS	XDV	N	3.2763

POS	XDW	N	3.3123
POS	DXD	N	2.9562
POS	XDY	N	2.9406
POS	XDZ	N	2.9263
POS	XD1	N	2.8957
POS	XD2	N	2.9730
POS	XD3	N	2.9643
POS	XD4	N	2.9480
POS	WJ9	Y	3.4495
POS	WK5	Y	3.3799
POS	WK6	Y	3.3304
POS	WK7	Y	3.3260
POS	WK8	Y	3.2707
POS	WK9	Y	3.0626
POS	WLU	Y	3.0086
POS	WLV	Y	3.9384
EPO	XD5	N	3.2686
EPO	XD6	N	3.2073
EPO	XD7	N	2.8917
EPO	XD8	N	2.8826
EPO	XD9	N	2.8661
EPO	WLW	Y	3.1761
EPO	WLX	Y	3.2619
POS	XEK	N	2.9730
POS	XEL	N	3.2888
POS	XEM	N	3.5543
POS	XEN	N	3.3659
EPO	XEO	N	3.4638
EPO	XEP	N	3.2762
POS	WLY	Y	3.1301
POS	XEQ	Y	3.1965
EPO	XER	Y	3.0997
POS	XES	Y	3.1818
EPO	XET	Y	3.0850
POS	XEU	N	4.0888
POS	XEV	N	4.1737
POS	XFW	N	3.0870
POS	XF9	N	2.7593
EPO	XH9	N	2.6803
POS	XIW	N	2.7425
EPO	XIX	N	2.6640
POS	XFY	N	2.9165
POS	XFY	N	2.8965
POS	XFZ	N	2.8825
EPO	XF5	N	2.9461
EPO	XF6	N	2.8359
EPO	XF7	N	2.8158
EPO	XF8	N	2.8017
POS	XFO	N	3.2293
POS	XFP	N	3.3084
POS	XFQ	N	3.1606
POS	XFR	N	3.2016
POS	XFS	N	2.8784
POS	XFT	N	2.9546
POS	XFU	N	2.8388
POS	XFV	N	2.9153
POS	XF1	N	2.7804
POS	XF2	N	2.8580
POS	XF3	N	2.7451
POS	XF4	N	2.8257
EPO	XIY	N	3.3542
EPO	XIZ	N	3.3765

Pharmacy Plan Relativities

	Plan	Plan Relativity
	F6	2.216
	F8	2.131
	GG	1.858
	1Q	1.791
	GJ	2.555

Wellness Program for all Customers

Participation Based program. Included with all policies, no additional charge for the program.

Exhibit 4: INS Products

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
XFO	Gold	79.6%	3.229	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFP	Gold	79.8%	3.308	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFQ	Gold	78.3%	3.161	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFR	Gold	78.5%	3.202	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFS	Silver	70.4%	2.878	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFT	Silver	70.9%	2.955	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFU	Silver	69.3%	2.839	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFV	Silver	69.8%	2.915	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFW	Silver	71.4%	3.087	1.858	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFX	Silver	69.2%	2.917	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFY	Silver	68.7%	2.896	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFZ	Silver	68.2%	2.882	1.858	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF1	Silver	69.9%	2.780	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF2	Silver	70.0%	2.858	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF3	Silver	68.8%	2.745	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF4	Silver	68.9%	2.826	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF5	Silver	71.4%	2.946	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF6	Silver	69.2%	2.836	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF7	Silver	68.7%	2.816	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF8	Silver	68.2%	2.802	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF9	Bronze	60.6%	2.759	1.791	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XH9	Bronze	60.6%	2.680	1.791	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XIW	Bronze	61.7%	2.742	1.791	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XIX	Bronze	61.7%	2.664	1.791	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XDU	Gold	79.1%	3.350	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDV	Gold	78.1%	3.276	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDW	Gold	78.1%	3.312	2.216	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	15/35/70/250
XXD	Silver	70.4%	2.956	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXY	Silver	70.0%	2.941	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXZ	Silver	69.6%	2.926	1.858	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD1	Silver	68.4%	2.896	1.858	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD2	Silver	70.3%	2.973	1.858	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD3	Silver	69.8%	2.964	1.858	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD4	Silver	70.6%	2.948	1.858	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WJ9	Silver	70.6%	3.450	0.000	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK5	Silver	69.1%	3.380	0.000	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK6	Silver	68.5%	3.330	0.000	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK7	Silver	68.7%	3.326	0.000	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
WK8	Silver	70.4%	3.271	0.000	POS	\$35 After Ded	\$70 After Ded	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK9	Bronze	60.4%	3.063	0.000	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
WLU	Bronze	58.9%	3.009	0.000	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250
WLV	Gold	78.8%	3.938	0.000	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	10/30/50/250
XD5	Gold	79.1%	3.269	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD6	Gold	78.1%	3.207	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD7	Silver	70.3%	2.892	1.858	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD8	Silver	69.8%	2.883	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD9	Silver	70.6%	2.866	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WLW	Silver	70.6%	3.176	0.000	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
WLX	Silver	68.5%	3.262	0.000	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
XEK	Gold	78.7%	2.973	2.131	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
XEL	Gold	79.6%	3.289	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XEM	Gold	81.5%	3.554	2.216	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEN	Gold	78.8%	3.366	2.216	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
XEO	Gold	81.5%	3.464	2.216	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEP	Gold	78.8%	3.276	2.216	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
WLY	Bronze	61.9%	3.130	0.000	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	20/50/100/250
XEQ	Bronze	60.5%	3.196	0.000	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XER	Bronze	60.5%	3.100	0.000	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XES	Bronze	59.4%	3.182	0.000	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XET	Bronze	59.4%	3.085	0.000	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XEU	Platinum	88.0%	4.089	2.555	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XEV	Platinum	88.2%	4.174	2.555	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XIY	Gold	78.0%	3.354	2.216	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250
XIZ	Gold	78.1%	3.377	2.216	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Actuarial Memorandum (Colorado Insurance Regulation 4-2-11 Section 6)

May 8, 2013

Re: UnitedHealthcare Insurance Company Rate Filing
Non-Grandfathered Employer Groups with 2-50 Eligible Employees (Small Group)

Summary (Reg 4-2-11 Section 6 (A))

1. Reason(s) for the rate filing: This is a new rate filing. The purpose of this filing is to provide rates and rating factors for non-grandfathered small group plans marketed by UnitedHealthcare Insurance Company, for groups of 2-50 eligible employees.

UnitedHealthcare will use this rate basis for business with effective dates of 1/1/2014 through 12/31/2014. The filing has been prepared according to Colorado Insurance Regulation 4-2-11 Section 6 as well as current ACA rules and more recent guidance from the Colorado Division of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the Colorado Division of Insurance.

2. Requested rate action: Not applicable, since this is a new filing.

3. Marketing method(s): The plans will be marketed through agents, brokers and direct mail/direct response.

4. Premium classification: Premium rates will vary by effective date, geographic area, age of covered members, family composition, and benefit plan design.

5. Product descriptions: Schedule of benefits for all the new plan designs will be included with the form filing portion of this filing effective 1/1/2014. All benefit plan designs include the essential health benefits for Colorado. The benefit plan designs are provided on *attachment G_BenefitPlanDesigns*.

6. Policy/Rider form: Per guidance from the Colorado DOI on 4/12/2013, this section can be eliminated since all forms must be listed on the Plans and Benefits template and also on the forms schedule tab in SERFF.

7. Age basis: Premiums will be determined based on attained ages of members as of the effective or renewal date of the policy. The premiums will not change for a member during the policy period due to his/her birthday.

8. Renewability provision: Per guidance from the Colorado DOI 4/12/2013, this section can be eliminated since all policies are guaranteed renewable.

Assumption or Acquisition (Reg 4-2-11 Section 6(B))

The products included in this rate filing are not part of an assumption or acquisition of policies from another company.

Rating Period (Reg 4-2-11 Section 6 (C))

The rates in this filing are intended for new and renewing business from 1/1/2014 through

12/31/2014. The planned implementation date of the rates is 1/1/2014. A group's rates will remain in effect for 12 months following its rate effective date. Please see *attachment H_RatingPeriod* (per the Division's request) for an excel file with this information.

Underwriting (Reg 4-2-11 Section 6 (D))

Per guidance from the Colorado DOI on 4/12/13 this section can be eliminated.

Effect of Law Changes (Reg 4-2-11 Section 6 (E))

Per guidance from the Colorado DOI on 4/12/13, this section can be skipped. This is because this filing is for new plans which are PPACA compliant as of 1/1/2014 and they include all essential health benefits and comply with state mandates.

Rate History (Reg 4-2-11 Section 6 (F))

Not applicable, since this is a new filing.

Coordination of Benefits (Reg 4-2-11 Section 6 (G))

The impact of coordination of benefits is reflected in the experience.

Relation of Benefits to Premium (Reg 4-2-11 Section 6 (H))

For the Comprehensive Major Medical plans, our target benefits ratio (exclusive of PPACA fees and quality health care initiatives and information technology improvements) is 80%, which complies with the Division's minimum Benefits Cost ratio guideline as specified in Colorado Regulation 4-2-11. After including the PPACA insurer and reinsurance fees as well as the quality initiatives and information technology improvements the benefits ratio amounts to 75.7%. Note that using the federal definition of the minimum loss ratio translates this target benefit ratio to a federal minimum loss ratio of 83.2%.

The retention components are 5.9% general administrative expenses, 7.6% profit/risk before federal income tax (estimated 5% after federal income taxes), 2% premium tax, 4.6% broker commissions, 3.4 % PPACA fees (see below for detail breakdown), and 0.8% for quality health care initiatives and information technology improvements. Total retention is therefore 24.3%. These targets and components adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums.

Please see *attachment F_Retention* for the component break down of the retention components. A summary of the information on the NAIC supplemental health exhibit form for CY2012 was used to demonstrate that our retention projections are reasonable. This supporting documentation is shown on *confidential exhibit id #7_SupplementalHealth Exhibit Data-CY 2012*

Information about the PPACA fees:

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. These take effect with calendar year 2014 earned premiums: (See *confidential index id 4_JustificationforCalculationofPPACAFees* for the calculation of the numbers below)

1. Insurer Fee: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent

- years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. In addition, this will not be a tax deductible expense. UnitedHealthcare estimates 2014 premium will need to be increased by 2.3% to cover this fee and the associated additional federal income tax.
2. Reinsurance Fee: Per HHS regulation the additional cost amounts to \$5.25 PMPM for 2014.
 3. In addition, also beginning January, 2014, per capita fees for Patient Centered Outcomes Research Institute (PCORI) will be assessed (projected add-on to premium of \$2.00 per member per year) and will be imposed on all commercial fully insured and self-insured groups. The amount of add-on to the rate is $\$2 \text{ PMPY}/12 = \0.17 PMPM

Lifetime Loss Ratio (Reg 4-2-11 Section 6 (I))

Per guidance from the Colorado DOI on 4-12-13 this section can be eliminated.

Provision for Profit and Contingencies (Reg 4-2-11 Section 6 (J))

The percentage of the final rate for profit and contingencies is 7.6% of premiums prior to federal income tax (FIT). After FIT profit is 5% which is less than the 7% maximum as specified in the regulation.

Investment income is expected to have a negligible impact on retention. There are no unearned premium reserves or contract/policy reserves held on this product, and the product's liabilities are relatively short-term in nature. With short-term interest rates well under 1% for the foreseeable future, investment income on the remaining categories of reserves cited in the regulation should be no more than 0.1% of premium.

Complete Explanation as to How the Proposed Rates were Determined (Reg 4-2-11 Section 6 (K))

Setting the index Rates:

In order to set the index rates for the filing *we first reviewed* our current base rates in Colorado for non-grandfathered, non-BG1 small groups. As part of the review process, we compared projected revenue to manual premium for the same rating period assuming no changes to any rating factor per PPACA. This analysis indicates that absent any other changes, the manual premium will need to be increased by about **2.9%** relative to the anticipated revenue over all Insurance and HMO products. This as well as the other rate impacts described below can be seen and itemized on *Confidential Index Id #3_SummaryofBaseRateAnalysis*. Please see *confidential index id #6_Justificationfor LossRatioProjections* for a more detailed breakdown of projected claims and revenue.

The second part of the analysis is to calculate changes to index rates in 2014 due to the cost of new/revised benefits and factor in the addition of our estimated payout/receipt due to risk adjustment. a) Risk Adjustment: based on an analysis done by a consulting firm, we estimate we will be liable for a 1.3% risk payout in total for our two licenses. b) essential health benefits: we did a detail study itemizing each essential health benefit and how it compared to our current certificates of coverage and calculated rate impacts for each item. Please see *confidential index id #5_MeasurementforRateImpactforEHB* for a summary and itemization of the rate impacts per item. The total rate impact for all new/revised benefits is +2.0%. c) mental health parity adjustment: due to PPACA, all small groups will be required to have

mental health parity. The incremental cost of this is 0.2% when spread over all our small group and large group business. This is because it is a capitated cost. d) area factors: per the explanation below by implementing the proposed area factors we anticipate receiving less revenue by -0.12%. Therefore we are proposing increasing the base rate by +0.12% to make the adjustments to area factors revenue neutral. The subtotal for this section is a rate impact of **+3.7%**

The third and final part of the analysis is to calculate changes in index rates in 2014 due to rate/factor changes so as to achieve revenue neutrality for our non-grandfathered non-BG1 business. These include: a) change in current benefit plan slope as a result of using our updated pricing data for medical and rx plan relativities. (Per the explanation below, by implementing the revised pricing data we anticipate an increase in revenue. Therefore we are proposing decreasing the base rate by -13.6% to make this adjustment revenue neutral. b) 3:1 age compression to HHS' age factors: per the explanation below, by implementing HHS' age factors we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -23.4% to make this adjustment revenue neutral, and c) industry factors moving to 1.0; : per the explanation below, by removing industry factors i.e. setting these factors to 1.0 we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -1.4% to make this adjustment revenue neutral. The subtotal for this section is a rate impact of **-34.8%**

Finally, to set the index rate for the first quarter of 2014, we trended this 1/1/2014 index rate for one month at the 9.1% proposed pricing trend. This is to set the appropriate index rate for the midpoint of the first quarter 2014.

Taking the above sections into account results in an adjustment to our current index rates effective 1/1/2014 of **-29.9.%. $(1.029*1.037*(1-.348)*1.007-1)$**

The base rate level as well as pricing trend factors will continue to be monitored/evaluated with changes proposed in the future as appropriate.

Setting the Area Factors:

An area factor analysis was performed and is summarized on *Confidential Index ID #2_JustificationforAreaFactorChanges*. The purpose of this study was to: a) re-evaluate our current area factors (in 9 rating areas) versus the newly defined 11 rating areas and b) to compare updated study results to determine if any changes should be made to our current area factors once redefined for the 11 rating areas. We first re-grouped the counties into groups consistent with the newly approved 11 rating areas. We calculated "current" area factors using premium weighting from our non-grandfathered non BG1 business along with current approved small group area factors. To ensure credibility in the analyses, Colorado data from HMO and insurance products lines was combined. We performed an analysis of recent historical medical cost data by the new 11 rating areas with adjustments to reflect upcoming provider contract changes within each area. This study was based on data for small group and large group contracting combined. We used the results of this study taking into account the credibility of each rating area on its own to revise the "current" factors. The proposed changes in area factors result in a reduction of revenue by -0.12%, so an offset to base rates of 0.1% was included to achieve revenue neutrality. This calculation used premium for non-grandfathered, non BG1 data.

We will continue to monitor experience in all of the rating areas, and propose revisions as appropriate.

Medical and Rx Benefit Slope analysis and revenue neutrality adjustment

We performed an analysis to measure the rate impact of changing our rating from Colorado specific slope to a revised actuarial value slope using most recent national data for medical and Rx. We calculated the impact effect of re-rating the majority of our medical and rx plans on this revised pricing model. As a result of this analysis it was determined that there would be an increase in revenue due to this change in pricing methodology. Therefore we are proposing reducing index rates by -13.6% to make this change in slope and rating methodology revenue neutral.

Medical and Rx plan Relativities for new plans

The medical plan price relativities were developed using our proprietary pricing methodology. This methodology is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Some of the new plan designs have deductibles greater than \$2,000. These plans were created in order to have reasonable plan designs to hit all the AV metal values. We created these plans in order to have an appropriate range of plans to offer our current members.

Please note that we had originally intended to file for 65 new medical benefit plans. All the templates have been created with the 65 plans. Per the division's email on 4/30/13 at 5:40 eastern time, we originally put 65 plans in this filing. In performing the 20% reasonableness test for plans exceeding the \$2,000 deductible it was discovered that one of the plans did not pass. Therefore we removed the non-compliant plan from this rate filing. It is HIOS plan id 67879CO0010024. This plan does show up on the templates (i.e. rate data, plan benefit design etc.) because we did not have time to recreate all the templates (i.e. we cannot delete columns) but we are withdrawing this one plan from this rate filing.

3:1 age compression to HHS' age factors

We performed an analysis to measure the rate impact of changing from our current age scale to HHS' 3:1 age compression scale. We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -23.4% to make this change in age rating factors revenue neutral.

Industry factors moving to 1.0

We also performed an analysis to measure the rate impact of removing the industry factor from rating (i.e. changing all our industry factors to 1.0). We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was

determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -1.4% to make this change in industry rating factors revenue neutral.

Trend

Projected pricing trend has been calculated using Colorado small group and large group experience combined. Please see *confidential index id 1a_Trend* with the Colorado specific historical data by quarter. Providing this exhibit does not imply that the UHC actuaries believe that it is appropriate to use Colorado only experience. Rather, this exhibit also serves to show the volatility observed in this segment, and the difficulties faced when projecting the utilization component of pricing trend based on the experience of the segment alone. Historically, this has been our reason for placing full weight on national experience when projecting the utilization and mix component in our proposed pricing trends.

Note that we used an average of Colorado 2008-2012 utilization and mix component data to derive the 1.8% for the utilization and mix assumption in the prospective pricing trend. Please see *confidential index id #1b_Trend* for a justification and breakdown of the trend components. See *confidential index id #1c_Trend* for a final summary chart of the components of trend. Consequently, we propose a 9.1% pricing trend.

We are thus proposing setting our future medical and Rx pricing trend rates to these levels.

Trend (Reg 4-2-11 Section 6 (L))

Please see the “Trend” paragraph in section 6K (above) for a description of how our projected pricing trend was calculated as well as the appropriate exhibits with the information to support the proposed trend.

The proposed rating trend is 9.1% for medical and pharmacy combined. Splitting this pricing trend, medical trend is about 7.5% and insurance trend is about 1.5%. (note that these components are multiplicative)

Past data, various models and business judgment of future economic developments are all used in estimating future trend.

At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado Group block rate development.

Credibility (Reg 4-2-11 Section 6 (M))

Over 850,000 member months and \$250 million of incurred claims are contained in the experience period used for rating. Having over 70,000 average members exceeds the 2,000 life years credibility requirement. Also, we estimate that there were more than 1,250,000 claims for the experience period which exceeds the 2,000 claims per year requirement. Therefore, the data meets the Colorado credibility requirement. Please see *attachment I_Credibility* for an excel table (per the Division’s request) for this section.

Data Requirements (Reg 4-2-11 Section 6 (N))

Please see *Attachment E_DataRequirements*. This exhibit shows experience data for our non-grandfathered, non-BG1 groups.

Side-by-Side Comparison (Reg 4-2-11 Section 6 (O))

Per guidance from the Colorado DOI, since this is a new plan filing a side-by-side comparison is not required.

Benefit Ratio Projections (Reg 4-2-11 Section 6 (P))

Note that the following projections include both Insurance and HMO data. This is because the HMO data is not credible on its own.

Prior to PPACA fees and QI/IT initiatives, the projected loss ratio over a rating period of 1/1/2014 through 12/31/2014 is 80.0%. When these initiatives are included, the resulting loss ratio would amount to 75.7%.

Additional information on how this loss ratio was calculated can be found on *Confidential index id #6_JustificationforLossRatioProjections*. Please see attachment J for an excel file (per the Division's request) with the projections.

Other Factors (Reg 4-2-11 Section 6 (Q))

Attachment C shows all other rating factors, including area factors, age factors, and medical/pharmacy factors.

Rating Manuals and Underwriting Guidelines (Reg 4-2-11 Section 6 (R))

Please see the *attachments C_RatingFactors* and *D_InsuranceIndexRates* for the rating manual. These are attached on the rate/rule schedule tab in SERFF.

Wellness and Prevention Programs (Reg 4-2-11 Section 7 (B))

The wellness program we have for all our customers is a participation based program per the definitions in CRS 10-16-136. The program includes; biometric health screenings, telephonic wellness coaching, fitness reimbursements and health discounts.

Index Rates (Reg 4-2-11 Section 7 (C)(1))

Attachment D_InsuranceIndexRates presents the index rates by effective date in this filing and their subsequent months. A description of the rate calculation formula is also presented in this attachment.

Description of Rating Practices and Renewal Underwriting Practices (Reg 4-2-11 Section 7 (C)(2))

The new business and renewal rating methodology is summarized on *Attachment D_InsuranceIndexRates*.

In addition, we reserve the right, in appropriate cases, to impose a surcharge of up to 35% for up to 12 months in accordance with C.R.S. § 10-16-105.6(3).

Actuarial Certification (Reg 4-2-11 Section 5 (B)(2))

I certify that the rates, in conjunction with the methodology, are not excessive, inadequate, nor unfairly discriminatory.

I, Della Logan, Senior Pricing Consultant and Associate Actuary at UnitedHealthcare, am an ASA and MAAA.

This rate filing document is uniquely identified with the filename shown in the document footer. All information is current-to-date shown in footer; no information or subsequent event with any material impact has arisen since production of this document.

I satisfy the 2012 continuing professional development requirements of the Academy and therefore am qualified to issue this 2013 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 20 years.

There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing.

There are no conflicts of interest with regards to my production of this rate filing.

This concludes UnitedHealthcare Insurance Company's rate filing for Colorado. Should you need additional information, please contact me at 860-702-5770 or Joseph Hoban at 570-689-7286.

Respectfully submitted,



Della J. Logan, ASA, MAAA

Rate Sample: INS

Rating Area 1

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (1):	0.962	0.962	0.962	0.962
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$556.34	\$420.01	\$487.40	\$395.85
Monthly Rx PMPM:	\$0.00	\$52.08	\$0.00	\$45.41
Rate PMPM:	\$556.34	\$472.09	\$487.40	\$441.26

Rating Area 2

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (2):	0.902	0.902	0.902	0.902
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$521.64	\$393.81	\$457.00	\$371.16
Monthly Rx PMPM:	\$0.00	\$48.84	\$0.00	\$42.58
Rate PMPM:	\$521.64	\$442.65	\$457.00	\$413.74

Rating Area 3

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (3):	0.918	0.918	0.918	0.918
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$530.89	\$400.80	\$465.10	\$377.75
Monthly Rx PMPM:	\$0.00	\$49.70	\$0.00	\$43.33
Rate PMPM:	\$530.89	\$450.50	\$465.10	\$421.08

Rate Sample: INS

Rating Area 4

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (4):	1.179	1.179	1.179	1.179
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$681.83	\$514.75	\$597.34	\$485.14
Monthly Rx PMPM:	\$0.00	\$63.83	\$0.00	\$55.66
Rate PMPM:	\$681.83	\$578.58	\$597.34	\$540.80

Rating Area 5

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (5):	1.122	1.122	1.122	1.122
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$648.87	\$489.87	\$568.46	\$461.69
Monthly Rx PMPM:	\$0.00	\$60.75	\$0.00	\$52.96
Rate PMPM:	\$648.87	\$550.61	\$568.46	\$514.65

Rating Area 6

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (6):	1.133	1.133	1.133	1.133
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$655.23	\$494.67	\$574.03	\$466.22
Monthly Rx PMPM:	\$0.00	\$61.34	\$0.00	\$53.48
Rate PMPM:	\$655.23	\$556.01	\$574.03	\$519.70

Rate Sample: INS

Rating Area 7

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (7):	0.905	0.905	0.905	0.905
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$523.37	\$395.12	\$458.52	\$372.40
Monthly Rx PMPM:	\$0.00	\$49.00	\$0.00	\$42.72
Rate PMPM:	\$523.37	\$444.12	\$458.52	\$415.12

Rating Area 8

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (8):	1.235	1.235	1.235	1.235
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$714.22	\$539.20	\$625.71	\$508.19
Monthly Rx PMPM:	\$0.00	\$66.86	\$0.00	\$58.30
Rate PMPM:	\$714.22	\$606.07	\$625.71	\$566.49

Rating Area 9

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (9):	1.311	1.311	1.311	1.311
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$758.17	\$572.38	\$664.22	\$539.46
Monthly Rx PMPM:	\$0.00	\$70.98	\$0.00	\$61.89
Rate PMPM:	\$758.17	\$643.36	\$664.22	\$601.35

Rate Sample: INS

Rating Area 10

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (10):	1.308	1.308	1.308	1.308
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$756.44	\$571.07	\$662.70	\$538.23
Monthly Rx PMPM:	\$0.00	\$70.82	\$0.00	\$61.74
Rate PMPM:	\$756.44	\$641.89	\$662.70	\$599.97

Rating Area 11

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (11):	1.383	1.383	1.383	1.383
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$799.81	\$603.82	\$700.70	\$569.09
Monthly Rx PMPM:	\$0.00	\$74.88	\$0.00	\$65.29
Rate PMPM:	\$799.81	\$678.70	\$700.70	\$634.37

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XFO	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFP	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFQ	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFR	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFS	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFT	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFU	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFV	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFW	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
AFX	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFY	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFZ	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF1	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF2	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF3	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF4	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF5	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF6	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF7	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF8	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF9	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XH9	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIW	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIX	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XDU	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDV	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDW	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	N	15/35/70/250
XDZ	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDY	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDZ	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD1	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD2	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD3	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD4	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WJ9	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK5	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK6	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK7	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	Y	15/40/80/250
		\$35 After Ded	\$70 After Ded															
WK8	POS			80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK9	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLU	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLV	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	Y	10/30/50/250
XD5	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XD6	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250
XD7	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD8	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD9	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WLW	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WLX	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
XEK	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	N	15/40/80/250
XEL	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XEM	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEN	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
XEO	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEP	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
WLY	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	Y	20/50/100/250
XEQ	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XER	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XES	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XET	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XEU	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XEV	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XIY	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250
XIZ	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Please see section section 6(K) in the actuarial memorandum for how these factors were developed

Attachment C: Insurance Other Factors

Area Factors		
Rating Area	Rating Factor	Counties
1	0.962	Boulder
2	0.902	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.235	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache
9	1.311	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.308	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.383	Eagle, Garfield, Pitkin, Summit

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714

61	2.810
62	2.873
63	2.952
Over 63	3.000

Medical Plan Relativities

For combined deductible plans (i.e. integ Rx = Y) , the medical plan relativity includes the Rx cost.

	Product	Plan	integ Rx?	Plan Relativity
	POS	XDU	N	3.3500
	POS	XDV	N	3.2763
	POS	XDW	N	3.3123
	POS	XDZ	N	2.9562
	POS	XDY	N	2.9406
	POS	XDZ	N	2.9263
	POS	XD1	N	2.8957
	POS	XD2	N	2.9730
	POS	XD3	N	2.9643
	POS	XD4	N	2.9480
	POS	WJ9	Y	3.4495
	POS	WK5	Y	3.3799
	POS	WK6	Y	3.3304
	POS	WK7	Y	3.3260
	POS	WK8	Y	3.2707
	POS	WK9	Y	3.0626
	POS	WLU	Y	3.0086
	POS	WLV	Y	3.9384
	EPO	XD5	N	3.2686
	EPO	XD6	N	3.2073
	EPO	XD7	N	2.8917
	EPO	XD8	N	2.8826
	EPO	XD9	N	2.8661
	EPO	WLW	Y	3.1761
	EPO	WLX	Y	3.2619
	POS	XEK	N	2.9730
	POS	XEL	N	3.2888
	POS	XEM	N	3.5543
	POS	XEN	N	3.3659
	EPO	XEO	N	3.4638
	EPO	XEP	N	3.2762
	POS	WLY	Y	3.1301
	POS	XEQ	Y	3.1965
	EPO	XER	Y	3.0997
	POS	XES	Y	3.1818
	EPO	XET	Y	3.0850
	POS	XEU	N	4.0888
	POS	XEV	N	4.1737
	POS	XFW	N	3.0870
	POS	XF9	N	2.7593
	EPO	XH9	N	2.6803
	POS	XIW	N	2.7425
	EPO	XIX	N	2.6640
	POS	AFX	N	2.9165
	POS	AFX	N	2.8965
	POS	AFX	N	2.8825
	EPO	XF5	N	2.9461
	EPO	XF6	N	2.8359
	EPO	XF7	N	2.8158
	EPO	XF8	N	2.8017
	POS	XFO	N	3.2293
	POS	XFP	N	3.3084
	POS	XFQ	N	3.1606
	POS	XFR	N	3.2016
	POS	XFS	N	2.8784
	POS	XFT	N	2.9546

	POS	XFU	N	2.8388
	POS	XFV	N	2.9153
	POS	XF1	N	2.7804
	POS	XF2	N	2.8580
	POS	XF3	N	2.7451
	POS	XF4	N	2.8257
	EPO	XIY	N	3.3542
	EPO	XIZ	N	3.3765

Pharmacy Plan Relativities

	Plan	Plan Relativity
	F6	2.216
	F8	2.131
	GG	1.858
	1Q	1.791
	GJ	2.555

Wellness Program for all Customers

Participation Based program. Included with all policies, no additional charge for the program.

Exhibit 3: Area Factors

Rating Area	Rating Factor	Counties
1	0.962	Boulder
2	0.902	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.235	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache
9	1.311	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.308	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.383	Eagle, Garfield, Pitkin, Summit

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

State of Colorado Rate Review

Purpose:

The purpose of this filing is to comply with Regulation 4-2-11 of the Colorado Division of Insurance which requires health insurance rate changes to be filed for their review and approval prior to use. This filing is to outline manual base rates and rating factors compliant to PPACA Adjusted Community Rating requirements on non-grandfathered small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** CO
- **HIOS Issuer ID:** 67879
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Della Logan
- **Primary Contact Telephone Number:** 860-702-5770
- **Primary Contact Email Address:** Della_Logan@uhc.com

Proposed Rate Changes: UnitedHealthcare is filing for the revised medical and pharmacy base rates, rating factors and new benefit plans written under new policy forms which have been provided in our CO state rate filing that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The proposed rate changes are as below:

BASE PREMIUM RATES

Medical and Pharmacy base rates have been revised due to changes in allowed rating factors, ranges and rating methodologies. The new base rates also reflect the adjustments to generate needed revenue to cover Essential Health Benefit requirements, Insurer and Re-insurance fees, other Healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in exhibit 1.

The requested base rate change reflects the combined impacts from the new base rates, adoption of PPACA compliant age factors, industry factors and other factors not allowed under Adjusted Community Rating methodology. This manual rate change also includes the proposed annual pricing trend.

AGE FACTORS

Age factors are per the recommended age rating scale from HHS. A revenue neutral adjustment is being filed with the division to reflect the new age scale. Age factors are provided on exhibit 2.

AREA FACTORS

Area factors are provided in Exhibit 3. Rating areas are decided based on Colorado rating area mapping which have been approved by HHS. Area factors are calculated based on average medical cost patterns in the various rating areas.

TREND FACTOR

The proposed trend factor is 9.1%. This is in our current rate filing submitted to the CO DOI for rates effective 1/1/14.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:
Note the base rates per exhibit 1 already include the proposed trend factor.

$(\text{Medical Base Rate} \times \text{medical plan relativity}) + (\text{Rx base rate} \times \text{Rx plan relativity}) \times \text{Area Factor} \times \text{Age Factor} = \text{Final Health Premium Rate}$

NEW PLAN DESIGNS

New PPACA compliant plan designs with plan relativities and actuarial value metal tier are provided on the plans and benefits template in our SERFF binder filing. All plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. Mental Health Parity testing has been conducted to ensure compliance.

These new plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement, the plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirements and the proper benefit range is following.

These new plans have no current membership nor historical experience.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

- **Premiums (net of MLR Rebate) in Experience Period:** Manual premiums for the experience period are given in Part I. UnitedHealthcare's anticipated MLR rebate payment in 2012 is \$0.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.

- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors are filed in this filing.
- **Trend Factors:** UnitedHealthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed claims across both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado.
- **Credibility of Experience:** We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado, with over 887,000 member months in the experience period. This block of business has historically demonstrated relatively stable claim patterns. For the base rate developing purpose, we regard it to be fully credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** At this point, we use the assumption that the risk level of membership insured by UnitedHealth Insurance Company is below the state average risk level. We will maintain this assumption till further study can be conducted. We have adjusted for this in our proposed base rates.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. The state of Colorado chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.
- **Non-Benefit Expenses and Risk Margin:** The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado. Except for the addition of PPACA fees, these are similar to our actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
5.9%	General expenses
4.6%	Commissions
<u>0.8%</u>	<u>Cost containment programs/ quality improvement activities</u>
11.3%	Sub-Total Admin Expenses

- 5% Profit
- 5.4% Taxes, Licenses, other regulatory fees (does not include FIT)
- 2.6% Federal Income Tax
- 24.3% Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 83.2%.

Index Rate:

The experience period index rate is the same as the allowed amount reported in URRT Part I. The table below illustrates the index rate for the projection period.

	UnitedHealthcare Insurance Company												
	Effective Date												
2014 Effective Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Month	12,664	4,165	4,287	5,450	5,874	6,609	6,173	5,356	5,192	4,535	3,688	6,373	70,366
Base Allowed Claims PMPM 2012	381	381	381	381	381	381	381	381	381	381	381	381	381
Benefit Increase (EHB)	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	
Base Rate Action	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	
Annual Trend Rate	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
Months of Trend	18	19	20	21	22	23	24	25	26	27	28	29	
Projected allowed Claims	\$ 456.48	\$ 459.76	\$ 463.06	\$ 466.39	\$ 469.73	\$ 473.11	\$ 476.50	\$ 479.92	\$ 483.37	\$ 486.84	\$ 490.33	\$ 493.85	\$ 473.15
Index Rate for Part I	\$ 473.15												
Effective Date for Part I	1/1/2014												

AV Metal Values:

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Please see below for the detailed methodology of the adjustments made to the HHS Actuarial Value Calculator using the method described in 45 CFR Part 156, §156.135.

1. Copays that apply after the annual deductible (even if Rx).

In order to account for copays that apply after the annual deductible, the continuance tables in the AV calculator were used to convert those copays into an effective coinsurance amount.

2. Copays and Per Occurrence Copays (POC/PODs)

In order to account for copays and per occurrence copays that regularly cannot be accounted for in the AV calculator, it was necessary to use the continuance tables, and in

cases where that was not viable, our national data, in order to attain an effective coinsurance rate. It was also necessary to blend multiple runs of the AV calculator with tiers.

3. Premium Designation Tiering Under Version 6.0 (Rhapsody)

In order to account for premium designation tiering (Rhapsody style plans) it was necessary for us to blend multiple tiers of the AV calculator accounting for both premium and non-premium PCP/SPEC tiering.

4. Split Deductible HRA Type Plans

In order to account for split deductible, or second dollar, HRA plans, we had to run the AV calculator three times:

1. \$0 Contribution (AV1)
2. X Contribution, where $X = \text{Deductible}$ (AV2)
3. Y Contribution, where $Y = X - \text{Desired Contribution Amount}$ (AV3)

The runs are then plugged into the following formula: $AV1 - AV2 + AV3$

Screen prints of the AV calculator runs are attached to the Unique plan design form in the rate filing submitted to Colorado.

AV Pricing Values: New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The base plan is a 100% medical plan with Rx coverage. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirement and the proper benefit range is following.

Membership Projections: Membership is projected to continue at the current membership level in the last month of the experience period.

Terminated Products: No products are being terminated.

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance:

Due to responsibility allocation, I rely on UHC Product Design Department for reasonable and compliant benefit designs. I am not able to completely judge the reasonableness of the plan designs without performing substantial additional work beyond what is required to produce this rate filing.

Due to responsibility allocation, I rely on UHC Finance Department for Administrative expense information. I am not able to completely judge the reasonableness of the information without performing substantial additional work beyond what is required to produce this rate filing.

Actuarial Certification:

I, Della Logan, am an actuary at UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate to the best of my knowledge is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology used to develop the AV metal values. As required by 45 CFR Part 156, §156.135, I certify that the actuarial values developed in this rate filing for policies effective January 1, 2014 are in compliance with CFR 156.135 (b)(2)(i).

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Della J. Logan, ASA, MAAA
Senior Pricing Consultant and Actuary
185 Asylum Street, City Place 1
CT039-16B
Hartford, CT 06103
Phone 860-702-5770

Date: 5/24/2013

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

State of Colorado Rate Review

Purpose:

The purpose of this filing is to comply with Regulation 4-2-11 of the Colorado Division of Insurance which requires health insurance rate changes to be filed for their review and approval prior to use. This filing is to outline manual base rates and rating factors compliant to PPACA Adjusted Community Rating requirements on non-grandfathered small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** CO
- **HIOS Issuer ID:** 67879
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Della Logan
- **Primary Contact Telephone Number:** 860-702-5770
- **Primary Contact Email Address:** Della_Logan@uhc.com

Proposed Rate Changes: UnitedHealthcare is filing for the revised medical and pharmacy base rates, rating factors and new benefit plans written under new policy forms which have been provided in our CO state rate filing that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The proposed rate changes are as below:

BASE PREMIUM RATES

Medical and Pharmacy base rates have been revised due to changes in allowed rating factors, ranges and rating methodologies. The new base rates also reflect the adjustments to generate needed revenue to cover Essential Health Benefit requirements, Insurer and Re-insurance fees, other Healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in exhibit 1.

The requested base rate change reflects the combined impacts from the new base rates, adoption of PPACA compliant age factors, industry factors and other factors not allowed under Adjusted Community Rating methodology. This manual rate change also includes the proposed annual pricing trend.

AGE FACTORS

Age factors are per the recommended age rating scale from HHS. A revenue neutral adjustment is being filed with the division to reflect the new age scale. Age factors are provided on exhibit 2.

AREA FACTORS

Area factors are provided in Exhibit 3. Rating areas are decided based on Colorado rating area mapping which have been approved by HHS. Area factors are calculated based on average medical cost patterns in the various rating areas.

TREND FACTOR

The proposed trend factor is 9.1%. This is in our current rate filing submitted to the CO DOI for rates effective 1/1/14.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:
Note the base rates per exhibit 1 already include the proposed trend factor.

$$(\text{Medical Base Rate} \times \text{medical plan relativity}) + (\text{Rx base rate} \times \text{Rx plan relativity}) \times \text{Area Factor} \times \text{Age Factor} = \text{Final Health Premium Rate}$$

NEW PLAN DESIGNS

New PPACA compliant plan designs with plan relativities and actuarial value metal tier are provided in Exhibit 4. All listed plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. Mental Health Parity testing has been conducted to ensure compliance.

These new plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement, the plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirements and the proper benefit range is following.

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- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
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Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.

- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
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UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

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Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed claims across both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado.
- **Credibility of Experience:** We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado, with over 887,000 member months in the experience period. This block of business has historically demonstrated relatively stable claim patterns. For the base rate developing purpose, we regard it to be fully credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** At this point, we use the assumption that the risk level of membership insured by UnitedHealth Insurance Company is below the state average risk level. We will maintain this assumption till further study can be conducted. We have adjusted for this in our proposed base rates.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. The state of Colorado chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.
- **Non-Benefit Expenses and Risk Margin:** The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado. Except for the addition of PPACA fees, these are similar to our actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
5.9%	General expenses
4.6%	Commissions
<u>0.8%</u>	<u>Cost containment programs/ quality improvement activities</u>
11.3%	Sub-Total Admin Expenses

- 5% Profit
- 5.4% Taxes, Licenses, other regulatory fees (does not include FIT)
- 2.6% Federal Income Tax
- 24.3% Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 83.2%.

Index Rate:

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	UnitedHealthcare Insurance Company												
	Effective Date												
2014 Effective Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
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Base Rate Action	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	
Annual Trend Rate	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
Months of Trend	18	19	20	21	22	23	24	25	26	27	28	29	
Projected allowed Claims	\$ 456.48	\$ 459.76	\$ 463.06	\$ 466.39	\$ 469.73	\$ 473.11	\$ 476.50	\$ 479.92	\$ 483.37	\$ 486.84	\$ 490.33	\$ 493.85	\$ 473.15
Index Rate for Part I	\$ 473.15												
Effective Date for Part I	1/1/2014												

AV Metal Values:

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Please see below for the detailed methodology of the adjustments made to the HHS Actuarial Value Calculator using the method described in 45 CFR Part 156, §156.135.

1. Copays that apply after the annual deductible (even if Rx).

In order to account for copays that apply after the annual deductible, the continuance tables in the AV calculator were used to convert those copays into an effective coinsurance amount.

2. Copays and Per Occurrence Copays (POC/PODs)

In order to account for copays and per occurrence copays that regularly cannot be accounted for in the AV calculator, it was necessary to use the continuance tables, and in

cases where that was not viable, our national data, in order to attain an effective coinsurance rate. It was also necessary to blend multiple runs of the AV calculator with tiers.

3. Premium Designation Tiering Under Version 6.0 (Rhapsody)

In order to account for premium designation tiering (Rhapsody style plans) it was necessary for us to blend multiple tiers of the AV calculator accounting for both premium and non-premium PCP/SPEC tiering.

4. Split Deductible HRA Type Plans

In order to account for split deductible, or second dollar, HRA plans, we had to run the AV calculator three times:

1. \$0 Contribution (AV1)
2. X Contribution, where $X = \text{Deductible}$ (AV2)
3. Y Contribution, where $Y = X - \text{Desired Contribution Amount}$ (AV3)

The runs are then plugged into the following formula: $AV1 - AV2 + AV3$

Screen prints of the AV calculator runs are attached to the Unique plan design form in the rate filing submitted to Colorado.

AV Pricing Values: New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The base plan is a 100% medical plan with Rx coverage. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirement and the proper benefit range is following.

Membership Projections: Membership is projected to continue at the current membership level in the last month of the experience period.

Terminated Products: No products are being terminated.

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance:

Due to responsibility allocation, I rely on UHC Product Design Department for reasonable and compliant benefit designs. I am not able to completely judge the reasonableness of the plan designs without performing substantial additional work beyond what is required to produce this rate filing.

Due to responsibility allocation, I rely on UHC Finance Department for Administrative expense information. I am not able to completely judge the reasonableness of the information without performing substantial additional work beyond what is required to produce this rate filing.

Actuarial Certification:

I, Della Logan, am an actuary at UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate to the best of my knowledge is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology used to develop the AV metal values. As required by 45 CFR Part 156, §156.135, I certify that the actuarial values developed in this rate filing for policies effective January 1, 2014 are in compliance with CFR 156.135 (b)(2)(i).

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Della J. Logan, ASA, MAAA
Senior Pricing Consultant and Actuary
185 Asylum Street, City Place 1
CT039-16B
Hartford, CT 06103
Phone 860-702-5770

Date: 5/8/2013

Exhibit 4: INS Products

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
XFO	Gold	79.6%	3.229	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFP	Gold	79.8%	3.308	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFQ	Gold	78.3%	3.161	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFR	Gold	78.5%	3.202	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFS	Silver	70.4%	2.878	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFT	Silver	70.9%	2.955	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFU	Silver	69.3%	2.839	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFV	Silver	69.8%	2.915	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFW	Silver	71.4%	3.087	1.858	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFX	Silver	69.2%	2.917	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFY	Silver	68.7%	2.896	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFZ	Silver	68.2%	2.882	1.858	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF1	Silver	69.9%	2.780	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF2	Silver	70.0%	2.858	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF3	Silver	68.8%	2.745	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF4	Silver	68.9%	2.826	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF5	Silver	71.4%	2.946	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF6	Silver	69.2%	2.836	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF7	Silver	68.7%	2.816	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF8	Silver	68.2%	2.802	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF9	Bronze	60.6%	2.759	1.791	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XH9	Bronze	60.6%	2.680	1.791	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XIW	Bronze	61.7%	2.742	1.791	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XIX	Bronze	61.7%	2.664	1.791	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XDU	Gold	79.1%	3.350	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDV	Gold	78.1%	3.276	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDW	Gold	78.1%	3.312	2.216	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	15/35/70/250
XXD	Silver	70.4%	2.956	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXY	Silver	70.0%	2.941	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXZ	Silver	69.6%	2.926	1.858	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD1	Silver	68.4%	2.896	1.858	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD2	Silver	70.3%	2.973	1.858	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD3	Silver	69.8%	2.964	1.858	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD4	Silver	70.6%	2.948	1.858	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WJ9	Silver	70.6%	3.450	0.000	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK5	Silver	69.1%	3.380	0.000	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK6	Silver	68.5%	3.330	0.000	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK7	Silver	68.7%	3.326	0.000	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
WK8	Silver	70.4%	3.271	0.000	POS	\$35 After Ded	\$70 After Ded	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK9	Bronze	60.4%	3.063	0.000	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
WLU	Bronze	58.9%	3.009	0.000	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250
WLV	Gold	78.8%	3.938	0.000	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	10/30/50/250
XD5	Gold	79.1%	3.269	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD6	Gold	78.1%	3.207	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD7	Silver	70.3%	2.892	1.858	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD8	Silver	69.8%	2.883	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD9	Silver	70.6%	2.866	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WLW	Silver	70.6%	3.176	0.000	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
WLX	Silver	68.5%	3.262	0.000	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
XEK	Gold	78.7%	2.973	2.131	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
XEL	Gold	79.6%	3.289	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XEM	Gold	81.5%	3.554	2.216	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEN	Gold	78.8%	3.366	2.216	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
XEO	Gold	81.5%	3.464	2.216	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEP	Gold	78.8%	3.276	2.216	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
WLY	Bronze	61.9%	3.130	0.000	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	20/50/100/250
XEQ	Bronze	60.5%	3.196	0.000	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XER	Bronze	60.5%	3.100	0.000	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XES	Bronze	59.4%	3.182	0.000	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XET	Bronze	59.4%	3.085	0.000	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XEU	Platinum	88.0%	4.089	2.555	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XEV	Platinum	88.2%	4.174	2.555	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XIY	Gold	78.0%	3.354	2.216	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250
XIZ	Gold	78.1%	3.377	2.216	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Actuarial Memorandum (Colorado Insurance Regulation 4-2-11 Section 6)

May 8, 2013

Re: UnitedHealthcare Insurance Company Rate Filing
Non-Grandfathered Employer Groups with 2-50 Eligible Employees (Small Group)

Summary (Reg 4-2-11 Section 6 (A))

1. Reason(s) for the rate filing: This is a new rate filing. The purpose of this filing is to provide rates and rating factors for non-grandfathered small group plans marketed by UnitedHealthcare Insurance Company, for groups of 2-50 eligible employees.

UnitedHealthcare will use this rate basis for business with effective dates of 1/1/2014 through 12/31/2014. The filing has been prepared according to Colorado Insurance Regulation 4-2-11 Section 6 as well as current ACA rules and more recent guidance from the Colorado Division of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the Colorado Division of Insurance.

2. Requested rate action: Not applicable, since this is a new filing.

3. Marketing method(s): The plans will be marketed through agents, brokers and direct mail/direct response.

4. Premium classification: Premium rates will vary by effective date, geographic area, age of covered members, family composition, and benefit plan design.

5. Product descriptions: Schedule of benefits for all the new plan designs will be included with the form filing portion of this filing effective 1/1/2014. All benefit plan designs include the essential health benefits for Colorado. The benefit plan designs are provided on the plans and benefits template in our SERFF binder for this filing.

6. Policy/Rider form: Per guidance from the Colorado DOI on 4/12/2013, this section can be eliminated since all forms must be listed on the Plans and Benefits template and also on the forms schedule tab in SERFF.

7. Age basis: Premiums will be determined based on attained ages of members as of the effective or renewal date of the policy. The premiums will not change for a member during the policy period due to his/her birthday.

8. Renewability provision: Per guidance from the Colorado DOI 4/12/2013, this section can be eliminated since all policies are guaranteed renewable.

Assumption or Acquisition (Reg 4-2-11 Section 6(B))

The products included in this rate filing are not part of an assumption or acquisition of policies from another company.

Rating Period (Reg 4-2-11 Section 6 (C))

The rates in this filing are intended for new and renewing business from 1/1/2014 through

12/31/2014. The planned implementation date of the rates is 1/1/2014. A group's rates will remain in effect for 12 months following its rate effective date. Please see *attachment H_RatingPeriod* (per the Division's request) for an excel file with this information.

Underwriting (Reg 4-2-11 Section 6 (D))

Per guidance from the Colorado DOI on 4/12/13 this section can be eliminated.

Effect of Law Changes (Reg 4-2-11 Section 6 (E))

Per guidance from the Colorado DOI on 4/12/13, this section can be skipped. This is because this filing is for new plans which are PPACA compliant as of 1/1/2014 and they include all essential health benefits and comply with state mandates.

Rate History (Reg 4-2-11 Section 6 (F))

Not applicable, since this is a new filing.

Coordination of Benefits (Reg 4-2-11 Section 6 (G))

The impact of coordination of benefits is reflected in the experience.

Relation of Benefits to Premium (Reg 4-2-11 Section 6 (H))

For the Comprehensive Major Medical plans, our target benefits ratio (exclusive of PPACA fees and quality health care initiatives and information technology improvements) is 80%, which complies with the Division's minimum Benefits Cost ratio guideline as specified in Colorado Regulation 4-2-11. After including the PPACA insurer and reinsurance fees as well as the quality initiatives and information technology improvements the benefits ratio amounts to 75.7%. Note that using the federal definition of the minimum loss ratio translates this target benefit ratio to a federal minimum loss ratio of 83.2%.

The retention components are 5.9% general administrative expenses, 7.6% profit/risk before federal income tax (estimated 5% after federal income taxes), 2% premium tax, 4.6% broker commissions, 3.4 % PPACA fees (see below for detail breakdown), and 0.8% for quality health care initiatives and information technology improvements. Total retention is therefore 24.3%. These targets and components adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums.

Please see *attachment F_Retention* for the component break down of the retention components. A summary of the information on the NAIC supplemental health exhibit form for CY2012 was used to demonstrate that our retention projections are reasonable. This supporting documentation is shown on *confidential exhibit id #7_SupplementalHealth Exhibit Data-CY 2012*

Information about the PPACA fees:

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. These take effect with calendar year 2014 earned premiums: (See *confidential index id 4_JustificationforCalculationofPPACAFees* for the calculation of the numbers below)

1. Insurer Fee: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent

- years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. In addition, this will not be a tax deductible expense. UnitedHealthcare estimates 2014 premium will need to be increased by 2.3% to cover this fee and the associated additional federal income tax.
2. Reinsurance Fee: Per HHS regulation the additional cost amounts to \$5.25 PMPM for 2014.
 3. In addition, also beginning January, 2014, per capita fees for Patient Centered Outcomes Research Institute (PCORI) will be assessed (projected add-on to premium of \$2.00 per member per year) and will be imposed on all commercial fully insured and self-insured groups. The amount of add-on to the rate is $\$2 \text{ PMPY}/12 = \0.17 PMPM

Lifetime Loss Ratio (Reg 4-2-11 Section 6 (I))

Per guidance from the Colorado DOI on 4-12-13 this section can be eliminated.

Provision for Profit and Contingencies (Reg 4-2-11 Section 6 (J))

The percentage of the final rate for profit and contingencies is 7.6% of premiums prior to federal income tax (FIT). After FIT profit is 5% which is less than the 7% maximum as specified in the regulation.

Investment income is expected to have a negligible impact on retention. There are no unearned premium reserves or contract/policy reserves held on this product, and the product's liabilities are relatively short-term in nature. With short-term interest rates well under 1% for the foreseeable future, investment income on the remaining categories of reserves cited in the regulation should be no more than 0.1% of premium.

Complete Explanation as to How the Proposed Rates were Determined (Reg 4-2-11 Section 6 (K))

Setting the index Rates:

In order to set the index rates for the filing *we first reviewed* our current base rates in Colorado for non-grandfathered, non-BG1 small groups. As part of the review process, we compared projected revenue to manual premium for the same rating period assuming no changes to any rating factor per PPACA. This analysis indicates that absent any other changes, the manual premium will need to be increased by about **2.9%** relative to the anticipated revenue over all Insurance and HMO products. This as well as the other rate impacts described below can be seen and itemized on *Confidential Index Id #3_SummaryofBaseRateAnalysis*. Please see *confidential index id #6_Justificationfor LossRatioProjections* for a more detailed breakdown of projected claims and revenue.

The second part of the analysis is to calculate changes to index rates in 2014 due to the cost of new/revised benefits and factor in the addition of our estimated payout/receipt due to risk adjustment. a) Risk Adjustment: based on an analysis done by a consulting firm, we estimate we will be liable for a 1.3% risk payout in total for our two licenses. b) essential health benefits: we did a detail study itemizing each essential health benefit and how it compared to our current certificates of coverage and calculated rate impacts for each item. Please see *confidential index id #5_MeasurementforRateImpactforEHB* for a summary and itemization of the rate impacts per item. The total rate impact for all new/revised benefits is +2.0%. c) mental health parity adjustment: due to PPACA, all small groups will be required to have

mental health parity. The incremental cost of this is 0.2% when spread over all our small group and large group business. This is because it is a capitated cost. d) area factors: per the explanation below by implementing the proposed area factors we anticipate receiving less revenue by -0.12%. Therefore we are proposing increasing the base rate by +0.12% to make the adjustments to area factors revenue neutral. The subtotal for this section is a rate impact of **+3.7%**

The third and final part of the analysis is to calculate changes in index rates in 2014 due to rate/factor changes so as to achieve revenue neutrality for our non-grandfathered non-BG1 business. These include: a) change in current benefit plan slope as a result of using our updated pricing data for medical and rx plan relativities. (Per the explanation below, by implementing the revised pricing data we anticipate an increase in revenue. Therefore we are proposing decreasing the base rate by -13.6% to make this adjustment revenue neutral. b) 3:1 age compression to HHS' age factors: per the explanation below, by implementing HHS' age factors we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -23.4% to make this adjustment revenue neutral, and c) industry factors moving to 1.0; : per the explanation below, by removing industry factors i.e. setting these factors to 1.0 we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -1.4% to make this adjustment revenue neutral. The subtotal for this section is a rate impact of **-34.8%**

Finally, to set the index rate for the first quarter of 2014, we trended this 1/1/2014 index rate for one month at the 9.1% proposed pricing trend. This is to set the appropriate index rate for the midpoint of the first quarter 2014.

Taking the above sections into account results in an adjustment to our current index rates effective 1/1/2014 of **-29.9.%. $(1.029*1.037*(1-.348)*1.007-1)$**

The base rate level as well as pricing trend factors will continue to be monitored/evaluated with changes proposed in the future as appropriate.

Setting the Area Factors:

An area factor analysis was performed and is summarized on *Confidential Index ID #2_JustificationforAreaFactorChanges*. The purpose of this study was to: a) re-evaluate our current area factors (in 9 rating areas) versus the newly defined 11 rating areas and b) to compare updated study results to determine if any changes should be made to our current area factors once redefined for the 11 rating areas. We first re-grouped the counties into groups consistent with the newly approved 11 rating areas. We calculated "current" area factors using premium weighting from our non-grandfathered non BG1 business along with current approved small group area factors. To ensure credibility in the analyses, Colorado data from HMO and insurance products lines was combined. We performed an analysis of recent historical medical cost data by the new 11 rating areas with adjustments to reflect upcoming provider contract changes within each area. This study was based on data for small group and large group contracting combined. We used the results of this study taking into account the credibility of each rating area on its own to revise the "current" factors. The proposed changes in area factors result in a reduction of revenue by -0.12%, so an offset to base rates of 0.1% was included to achieve revenue neutrality. This calculation used premium for non-grandfathered, non BG1 data.

We will continue to monitor experience in all of the rating areas, and propose revisions as appropriate.

Medical and Rx Benefit Slope analysis and revenue neutrality adjustment

We performed an analysis to measure the rate impact of changing our rating from Colorado specific slope to a revised actuarial value slope using most recent national data for medical and Rx. We calculated the impact effect of re-rating the majority of our medical and rx plans on this revised pricing model. As a result of this analysis it was determined that there would be an increase in revenue due to this change in pricing methodology. Therefore we are proposing reducing index rates by -13.6% to make this change in slope and rating methodology revenue neutral.

Medical and Rx plan Relativities for new plans

The medical plan price relativities were developed using our proprietary pricing methodology. This methodology is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Some of the new plan designs have deductibles greater than \$2,000. These plans were created in order to have reasonable plan designs to hit all the AV metal values. We created these plans in order to have an appropriate range of plans to offer our current members.

Please note that we had originally intended to file for 65 new medical benefit plans. All the templates have been created with the 65 plans. Per the division's email on 4/30/13 at 5:40 eastern time, we originally put 65 plans in this filing. In performing the 20% reasonableness test for plans exceeding the \$2,000 deductible it was discovered that one of the plans did not pass. Therefore we removed the non-compliant plan from this rate filing. It is HIOS plan id 67879CO0010024. This plan does show up on the templates (i.e. rate data, plan benefit design etc.) because we did not have time to recreate all the templates (i.e. we cannot delete columns) but we are withdrawing this one plan from this rate filing.

3:1 age compression to HHS' age factors

We performed an analysis to measure the rate impact of changing from our current age scale to HHS' 3:1 age compression scale. We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -23.4% to make this change in age rating factors revenue neutral.

Industry factors moving to 1.0

We also performed an analysis to measure the rate impact of removing the industry factor from rating (i.e. changing all our industry factors to 1.0). We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was

determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -1.4% to make this change in industry rating factors revenue neutral.

Trend

Projected pricing trend has been calculated using Colorado small group and large group experience combined. Please see *confidential index id 1a_Trend* with the Colorado specific historical data by quarter. Providing this exhibit does not imply that the UHC actuaries believe that it is appropriate to use Colorado only experience. Rather, this exhibit also serves to show the volatility observed in this segment, and the difficulties faced when projecting the utilization component of pricing trend based on the experience of the segment alone. Historically, this has been our reason for placing full weight on national experience when projecting the utilization and mix component in our proposed pricing trends.

Note that we used an average of Colorado 2008-2012 utilization and mix component data to derive the 1.8% for the utilization and mix assumption in the prospective pricing trend. Please see *confidential index id #1b_Trend* for a justification and breakdown of the trend components. See *confidential index id #1c_Trend* for a final summary chart of the components of trend. Consequently, we propose a 9.1% pricing trend.

We are thus proposing setting our future medical and Rx pricing trend rates to these levels.

Trend (Reg 4-2-11 Section 6 (L))

Please see the "Trend" paragraph in section 6K (above) for a description of how our projected pricing trend was calculated as well as the appropriate exhibits with the information to support the proposed trend.

The proposed rating trend is 9.1% for medical and pharmacy combined. Splitting this pricing trend, medical trend is about 7.5% and insurance trend is about 1.5%. (note that these components are multiplicative)

Past data, various models and business judgment of future economic developments are all used in estimating future trend.

At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado Group block rate development.

Credibility (Reg 4-2-11 Section 6 (M))

Over 850,000 member months and \$250 million of incurred claims are contained in the experience period used for rating. Having over 70,000 average members exceeds the 2,000 life years credibility requirement. Also, we estimate that there were more than 1,250,000 claims for the experience period which exceeds the 2,000 claims per year requirement. Therefore, the data meets the Colorado credibility requirement. Please see *attachment I_Credibility* for an excel table (per the Division's request) for this section.

Data Requirements (Reg 4-2-11 Section 6 (N))

Please see *Attachment E_DataRequirements*. This exhibit shows experience data for our non-grandfathered, non-BG1 groups.

Side-by-Side Comparison (Reg 4-2-11 Section 6 (O))

Per guidance from the Colorado DOI, since this is a new plan filing a side-by-side comparison is not required.

Benefit Ratio Projections (Reg 4-2-11 Section 6 (P))

Note that the following projections include both Insurance and HMO data. This is because the HMO data is not credible on its own.

Prior to PPACA fees and QI/IT initiatives, the projected loss ratio over a rating period of 1/1/2014 through 12/31/2014 is 80.0%. When these initiatives are included, the resulting loss ratio would amount to 75.7%.

Additional information on how this loss ratio was calculated can be found on *Confidential index id #6_JustificationforLossRatioProjections*. Please see attachment J for an excel file (per the Division's request) with the projections.

Other Factors (Reg 4-2-11 Section 6 (Q))

Attachment C shows all other rating factors, including area factors, age factors, and medical/pharmacy factors.

Rating Manuals and Underwriting Guidelines (Reg 4-2-11 Section 6 (R))

Please see the *attachments C_RatingFactors* and *D_InsuranceIndexRates* for the rating manual. These are attached on the rate/rule schedule tab in SERFF.

Wellness and Prevention Programs (Reg 4-2-11 Section 7 (B))

The wellness program we have for all our customers is a participation based program per the definitions in CRS 10-16-136. The program includes; biometric health screenings, telephonic wellness coaching, fitness reimbursements and health discounts.

Index Rates (Reg 4-2-11 Section 7 (C)(1))

Attachment D_InsuranceIndexRates presents the index rates by effective date in this filing and their subsequent months. A description of the rate calculation formula is also presented in this attachment.

Description of Rating Practices and Renewal Underwriting Practices (Reg 4-2-11 Section 7 (C)(2))

The new business and renewal rating methodology is summarized on *Attachment D_InsuranceIndexRates*.

In addition, we reserve the right, in appropriate cases, to impose a surcharge of up to 35% for up to 12 months in accordance with C.R.S. § 10-16-105.6(3).

Actuarial Certification (Reg 4-2-11 Section 5 (B)(2))

I certify that the rates, in conjunction with the methodology, are not excessive, inadequate, nor unfairly discriminatory.

I, Della Logan, Senior Pricing Consultant and Associate Actuary at UnitedHealthcare, am an ASA and MAAA.

This rate filing document is uniquely identified with the filename shown in the document footer. All information is current-to-date shown in footer; no information or subsequent event with any material impact has arisen since production of this document.

I satisfy the 2012 continuing professional development requirements of the Academy and therefore am qualified to issue this 2013 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 20 years.

There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing.

There are no conflicts of interest with regards to my production of this rate filing.

This concludes UnitedHealthcare Insurance Company's rate filing for Colorado. Should you need additional information, please contact me at 860-702-5770 or Joseph Hoban at 570-689-7286.

Respectfully submitted,

A handwritten signature in blue ink that reads "Della J. Logan" followed by the date "5/22/13". The signature is written in a cursive, flowing style.

Della J. Logan, ASA, MAAA

Rate Sample: INS

Rating Area 1

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (1):	0.962	0.962	0.962	0.962
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$556.40	\$420.01	\$487.33	\$395.81
Monthly Rx PMPM:	\$0.00	\$52.07	\$0.00	\$45.42
Rate PMPM:	\$556.40	\$472.08	\$487.33	\$441.24

Rating Area 2

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (2):	0.902	0.902	0.902	0.902
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$521.98	\$394.03	\$457.19	\$371.33
Monthly Rx PMPM:	\$0.00	\$48.85	\$0.00	\$42.61
Rate PMPM:	\$521.98	\$442.88	\$457.19	\$413.94

Rating Area 3

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (3):	0.918	0.918	0.918	0.918
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$530.89	\$400.76	\$465.00	\$377.67
Monthly Rx PMPM:	\$0.00	\$49.69	\$0.00	\$43.34
Rate PMPM:	\$530.89	\$450.44	\$465.00	\$421.01

Rate Sample: INS

Rating Area 4

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (4):	1.179	1.179	1.179	1.179
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$681.90	\$514.75	\$597.26	\$485.10
Monthly Rx PMPM:	\$0.00	\$63.82	\$0.00	\$55.67
Rate PMPM:	\$681.90	\$578.57	\$597.26	\$540.77

Rating Area 5

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (5):	1.122	1.122	1.122	1.122
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$648.94	\$489.87	\$568.39	\$461.65
Monthly Rx PMPM:	\$0.00	\$60.73	\$0.00	\$52.98
Rate PMPM:	\$648.94	\$550.60	\$568.39	\$514.62

Rating Area 6

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (6):	1.133	1.133	1.133	1.133
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$655.10	\$494.52	\$573.79	\$466.03
Monthly Rx PMPM:	\$0.00	\$61.31	\$0.00	\$53.48
Rate PMPM:	\$655.10	\$555.83	\$573.79	\$519.51

Rate Sample: INS

Rating Area 7

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (7):	0.905	0.905	0.905	0.905
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$523.35	\$395.06	\$458.39	\$372.30
Monthly Rx PMPM:	\$0.00	\$48.98	\$0.00	\$42.72
Rate PMPM:	\$523.35	\$444.04	\$458.39	\$415.03

Rating Area 8

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (8):	1.235	1.235	1.235	1.235
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$714.49	\$539.35	\$625.80	\$508.28
Monthly Rx PMPM:	\$0.00	\$66.87	\$0.00	\$58.33
Rate PMPM:	\$714.49	\$606.22	\$625.80	\$566.61

Rating Area 9

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (9):	1.311	1.311	1.311	1.311
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$758.41	\$572.51	\$664.28	\$539.53
Monthly Rx PMPM:	\$0.00	\$70.98	\$0.00	\$61.91
Rate PMPM:	\$758.41	\$643.49	\$664.28	\$601.44

Rate Sample: INS

Rating Area 10

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (10):	1.308	1.308	1.308	1.308
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$756.32	\$570.93	\$662.44	\$538.04
Monthly Rx PMPM:	\$0.00	\$70.78	\$0.00	\$61.74
Rate PMPM:	\$756.32	\$641.71	\$662.44	\$599.78

Rating Area 11

	Highest	Lowest	Highest	Lowest
Metal Level:	Gold	Gold	Silver	Silver
Plan Name:	WLV	XEK	WJ9	XF8
Med Rel:	3.938	2.973	3.450	2.802
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	1T	F8	F8	GG
Rx Rel:	0.000	2.131	0.000	1.858
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (11):	1.383	1.383	1.383	1.383
Network Factor:	1.000	1.000	1.000	1.000
Non Smoker:	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$799.68	\$603.66	\$700.42	\$568.88
Monthly Rx PMPM:	\$0.00	\$74.84	\$0.00	\$65.28
Rate PMPM:	\$799.68	\$678.50	\$700.42	\$634.17

Rate Sample: INS


Metal Level:	Platinum	Gold	Silver	Bronze
Plan Name:	XEU	XDV	XF8	XIX
Med Rel:	4.089	3.276	2.802	2.664
Med Index Rate(1/1/2014):	114.91	114.91	114.91	114.91
Rx Name:	GJ	F6	GG	1Q
Rx Rel:	2.555	2.216	1.858	1.791
Rx Index Rate(1/1/2014):	19.88	19.88	19.88	19.88
Age Factor (40):	1.278	1.278	1.278	1.278
Area Factor (assumed 1):	1.000	1.000	1.000	1.000
Monthly Medical PMPM:	\$600.46	\$481.14	\$411.45	\$391.22
Monthly Rx PMPM:	\$64.92	\$56.31	\$47.22	\$45.51
Rate PMPM:	\$665.38	\$537.45	\$458.67	\$436.74



Underwriting Guidelines

COLORADO
Small Business
1–99 employees





We are proud of our commitment to agents throughout Colorado. We recognize the value you bring to small business and your critical role in our partnership with small business employers. Our staff is dedicated to servicing your needs and those of the employer.

The information in this guide is intended as a tool designed to help you better understand:

- Underwriting requirements
- Post-sale administrative options and eligibility provisions

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Underwriting Requirements

Underwriting requirements may change and Underwriting reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or *Certificate of Coverage*, the contract or *Certificate of Coverage* will prevail.

Category	Explanation/Requirements
Employer Eligibility	<ul style="list-style-type: none">• Business must be located in UnitedHealthcare's licensed service area to be eligible for the products licensed in that area.• Employer may elect to waive their selected employee waiting period at the time of initial case issue only, but have the option to change their waiting period once a year at case renewal.• 100% of Eligible Employees must have workers' compensation coverage except those not legally required to be covered by workers' compensation coverage.• Eligible Employee: an employee working a regular work week of 24 hours per week or more and who has satisfied the employer designated waiting period, but does not include an employee who works on a temporary or substitute basis.
Effective Date	Effective 1st of the month, unless termed mid-month from prior carrier.
Small Group	<p>"Small employer" means any person, firm, corporation, partnership, or association that is actively engaged in business that, on at least fifty percent of its working days during the preceding calendar quarter, except as provided in section 10-16-105 (12), employed no more than 50 eligible employees, the majority of whom were employed within this state and that was not formed primarily for the purpose of purchasing insurance. "Small employer" includes a business group of one. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, shall be considered one employer.</p> <p>In order to be classified as a small employer with more than one employee when only one employee enrolls in the small employer's health benefit plan, the small employer shall submit to the small employer carrier the two most recent quarterly employment and tax statements substantiating that the employer had two or more eligible employees. Such small employer group shall also meet the participation requirements of the small employer carrier.</p>



Business Group of One Eligibility

“Business group of one” means, for purposes of qualification, an individual, a sole proprietor, or a single full-time employee of a subchapter S corporation, C corporation, nonprofit corporation, limited liability company, or partnership who works 24 hours or more a week on a permanent basis and who has carried on significant business activity for a period of at least one year prior to application for coverage, has gross income as indicated on federal internal revenue service forms 1040, schedule C, F, or SE, or other forms recognized by the federal internal revenue service for income reporting purposes which generated gross income from which that individual, sole proprietor, or single full-time employee has derived at least a substantial part of such individual’s income for one year out of the most recent consecutive three-year period. For the purposes of this subsection, “substantial part of such individual’s income” means income derived from business activities of the business group of one that are sufficient to pay for annual health insurance premiums for the business group of one.

“Business group of one” includes a full-time household employee who works 24 hours or more a week on a permanent basis as a household employee, if that employee has derived at least a substantial part of such employee’s earned income for one year out of the preceding three-year period from household employment, and if the employee’s employer, on at least 50 percent of the days in a normal work week during the preceding calendar quarter, employed at least one household employee.

For purposes of determining whether an applicant meets the requirements of the definition set forth in this subsection, we may require an applicant to submit to the carrier any of the following forms of documentation that is applicable to the applicant’s current business or employment:

- i. Employment-related tax and withholding information, including, but not limited to, a federal internal revenue service form 1099; and
- ii. Relevant portions of federal and state tax returns or a certification by an attorney or certified public accountant that federal and state tax returns have been filed as a business.

Business Group of One Open Enrollment	<ul style="list-style-type: none"> • Open enrollment occurs 31 days following the applicant’s date of birth. • Open enrollment also applies to 31 days following a “qualifying event”. • Open enrollment must occur on or before the requested effective date. • All Business Groups of One must be submitted to underwriting no later than the 1st of the month preceding the requested effective date. • The group should not, under any circumstances, cancel their existing coverage until they have received the approval from the UnitedHealthcare Underwriting Department. • A “qualifying event” is defined as: <ul style="list-style-type: none"> – A person qualifying as a business group of one exhausts state or federal continuation coverage; – The date a person initially meets the requirements of a Business Group of One and whose birthdate is more than 31 days after so doing; – A person qualifying as a business group of one involuntarily loses other creditable coverage. This shall not apply in cases of failure to pay premium, fraud, or a voluntary decision on the part of such person to terminate other creditable coverage.
Rating Information	<ul style="list-style-type: none"> • Rates are guaranteed for 12 months. • Rating is based on employer’s location. • Final rates are based on group enrollment. • COBRA, State Continuation and Medicare enrollees added after the initial group enrollment may subject the group to re-rating.
Dual Option	<ul style="list-style-type: none"> • Participation requires 5 minimum eligible AND 5 minimum enrolling employees. • Employer contribution must be at least 50% of the lowest plan. • At least one member must enroll in each plan. • Available dual option combinations are determined by underwriting.
Excluding Classes	<p>Available for groups with 2–50 eligible employees. All included classes must meet participation guidelines for the class. The employer must submit a signed, dated letter on company letterhead confirming the class description. Examples of eligible class descriptions are:</p> <ul style="list-style-type: none"> • Salary/Hourly • Management/Non-Management <p>Groups excluding classes are subject to underwriting approval, and may be declined if they do not meet UnitedHealthcare underwriting criteria.</p> <ul style="list-style-type: none"> • Example of non-eligible class descriptions – Location carve-out

Class Carve-Outs - (51+ groups)	For new and renewing groups on and after September 23, 2010, due to changes in federal law, UnitedHealthcare will no longer allow carve-outs.
Self-funded or PEO to Fully Funded	<ul style="list-style-type: none"> • If a group dissolves their entire relationship with the PEO, we will not review for a rate-up. If they keep any other services with the PEO, they will be required to complete employee applications and respond to all medical questions. Once this information is received, the case is forwarded to Financial and Medical Underwriting for review and rate-up will then be determined. • Rate-up information is provided to broker and acceptance or declination is to be provided in writing. • Once rate is accepted, group will be submitted with all required paperwork to installation. • 51-99 self-funded cases from another carrier will require individual employee applications with all medical questions answered.
Board Member	<ul style="list-style-type: none"> • Board members are not eligible for coverage if they are not an employee of the company.
Retirees	<ul style="list-style-type: none"> • Early retirees are not eligible for coverage. • Medicare-eligible retirees must be covered by individual plans under Ovations products, not under the active employee plan.
1099 employees	<ul style="list-style-type: none"> • Not eligible

New Business Submission

Requirements for New Case Submission (Groups 1-50)	<ul style="list-style-type: none"> • Submit a check for one month's premium payable to UnitedHealthcare. • Complete Small Business Employer Application signed by employer and broker. • Provide a copy of the current carrier's most recent billing statement. • Provide a copy of the most recent quarterly UTR with all employees listed. • Colorado Uniform Employee Application For Small Group Health Benefit Plans completed and signed by all eligible employees, including enrolling COBRA, State Continuation or Medicare continuees. • In the Colorado Uniform Employee Application For Small Group Health Benefit Plans, the section titled "Employee/Dependent Waiver of Coverage" must be completed and signed by the eligible employees not electing coverage. • UnitedHealthcare proposal noting correct effective date of coverage. • Groups submitted outside of Colorado – Broker must submit a copy of the producer's license for that state. • To receive a deductible credit, if applicable, we must receive one of the following: <ol style="list-style-type: none"> 1) Spreadsheet from previous carrier; or 2) EOB or letter from previous carrier. These must include carrier logo or original e-mail from prior carrier with document(s) attached, Deductible field (field must specify deductible, out-of-pocket will not be accepted) and break-out of each member's accumulated amount (employee, spouse, child(ren)). If the document only shows family, we cannot award credit to anyone.
Requirements for New Case Submission (Groups 51-99)	<ul style="list-style-type: none"> • Employer application • Binder check • Census of all eligible employees, with employee status clearly identified as active, COBRA, State Continuation, retiree, out-of-area or waiving coverage, coverage election, gender and dates of birth with employee home Zip Codes. • Employee census in electronic format (Excel) • Payroll ledger from payroll system • Current and renewal rates (renewal rates are required if received 30–45 days prior to effective date) • Three-year carrier history • Large Claims Report for individuals with > \$10,000 in claims, including diagnosis and prognosis (if known) • Commissions other than UnitedHealthcare Standard • Groups submitted outside of Colorado – Broker must submit a copy of the producer's license for that state. • To receive a deductible credit, if applicable, we must receive one of the following: <ol style="list-style-type: none"> 1) Spreadsheet from previous carrier; or 2) EOB or letter from previous carrier. These must include carrier logo or original e-mail from prior carrier with document(s) attached, Deductible field (field must specify deductible, out-of-pocket will not be accepted) and break-out of each member's accumulated amount (employee, spouse, child(ren)). If the document only shows family, we cannot award credit to anyone.

COBRA and State Continuation Waivers	<ul style="list-style-type: none"> • Employees waiving coverage because they are currently covered by COBRA or State Continuation (from a previous employer) must complete the Employee/Dependent Waiver of Coverage section of the Colorado Uniform Employee Application For Small Group Health Benefit Plans (for 2–50 employees) or the Declination of Coverage Form or Waiver section of the Enrollment Form (for 51–99 employees). They must also include their COBRA/State Continuation start and end dates.
Quarterly Wage Report (QWR)	<ul style="list-style-type: none"> • Most recent Quarterly Wage Report (UITR), including Quarterly Wage & Tax Report(s) for out-of-state employees. • For Business Groups of One or groups with one eligible employee, include the two most recent quarterly wage and tax report(s) to validate eligibility. • All pages submitted including grand totals and summary page. • All employees marked to indicate employment status: part-time (PT), full-time (FT), terminated (T), seasonal (S), ineligible, etc. Include last day worked for all terminated employees. • If there are new hires who do not appear on the Quarterly Wage Report (UITR) – write their name(s), social security number(s), and date(s) of hire on the bottom of the QWR. • Quarterly Wage Reports for out-of-state employee(s) are required. • If QWR (UITR) reflects more than a 50% change in census, a current payroll will also be required. • Schedule K-1 all owners
Payroll Record Requirements	<p>For groups of 2–5 eligible employees, a QWR is always required unless the company has not been in business long enough to file a QWR. For groups of 6+ eligible employees that have not yet filed a QWR or been in business more than one year, a current pay period/payroll statement may be submitted in lieu of a QWR. Acceptable payroll must include all of the following:</p> <ul style="list-style-type: none"> • Handwritten or estimated payroll, individual payroll/pay stubs or W-2, W-3, W-4, W-9s are not acceptable. • Dated payroll and/or date of pay period (most recent two weeks of payroll prior to requested effective date). • All pages submitted, including all employee wages paid, withholdings and grand totals. • Name of company. • All employees marked to indicate employment status: part-time (PT), or full-time (FT), terminated (T), seasonal (S), ineligible, etc. Include last day worked for all terminated employees. • If there are new hires who do not appear on the payroll – write their name(s) and date(s) of hire on the bottom of the payroll. • Include all employees' gross and net income, total taxes withheld (itemized) and company total/summary. • Husband/wife groups or groups comprised of family members must always provide a QWR.

Proof of Ownership	<ul style="list-style-type: none"> • Proof of Ownership documentation is required for all groups applying for medical coverage with fewer than six enrolling employees or any size “owner-only” group. 	
	Type of business	Required Documentation
	Corporations	<ul style="list-style-type: none"> • S-Corp and C-Corp: Articles of Incorporation that list all Owners’/Officers’ names or a Filed/Stamped Statement of Information that lists all Owners’/Officers’ names • S-Corp: IRS Schedule K-1 (Form 1120s) for all enrolling Owners/Officers • C-Corp: IRS Form 1120 (pages 1 & 2) which includes “Schedule E” • Tax extensions are not acceptable.
	Partnership/ Limited Liability Partnership (LLP)	<ul style="list-style-type: none"> • Partnership Agreement signed by all partners. • IRS Schedule K-1 (Form 1065) for all enrolling partners or a Partnership Agreement signed by all partners. <i>Note: Husband/Wife groups must provide separate tax or QWR documentation showing they are an owner or full-time employee.</i> • Schedule SE • Tax extensions are not acceptable.
	Limited Liability Company (LLC)	<ul style="list-style-type: none"> • LLC Agreement signed by all managers/members/parties • LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for a Partnership or Sole Proprietorship based on how the LLC was formed) • Tax extensions are not acceptable.
	Sole Proprietorship	<ul style="list-style-type: none"> • Business License listing the Owner Name • IRS Schedule C (Form 1040) • Schedule SE <i>Note: Husband/Wife groups or groups comprised of family members must provide separate tax or QWR documentation showing they are an owner or full-time employee.</i> • Tax extensions are not acceptable.
	Church	IRS Form 941. <ul style="list-style-type: none"> • Tax extensions are not acceptable.
	Farm	IRS Schedule F (Form 1040) <ul style="list-style-type: none"> • Tax extensions are not acceptable.
	Common Ownership	Group’s attorney or CPA must complete a standard form regarding Common Ownership.

	<p>Leased Employees/PEOs</p> <p>(a) UITR or Service Bill and (b) Employer Waiver from PEO health plan or copy of Leasing Agreement</p> <p>If a group dissolves their entire relationship with the PEO, we will not review for a rate-up. If they keep any other services with the PEO, they will be required to complete employee applications and respond to all medical questions. Once this information is received, the case is forwarded to Financial and Medical Underwriting for review and rate-up will then be determined.</p>
	<p>Nonprofit Organization</p> <p>941</p> <p>990 (if gross receipts are over \$25,000)</p> <p>Payroll Ledger*</p> <p>*If payroll ledger is not produced by a payroll company, copies of cancelled checks (front and back) must be submitted in addition to payroll ledger.</p>
Billing Statement/Carrier Bill Requirements	<ul style="list-style-type: none"> • Most recent statement/carrier bill – with employee listing. • All terminated employees clearly marked with a T, including termination date(s).
Employer Application	<ul style="list-style-type: none"> • All questions answered. • Indicate calendar or policy year. • Select Waiting Period. • List employer premium contribution percentage for all coverages selected. • Sign and date the group application within 90 days of the requested effective date.
HRA, GAP and Self-Funding Arrangement Guidelines	<ul style="list-style-type: none"> • HRA can only be added to eligible HRA portfolio plans effective 1/1/09. • The employer may contribute up to 50% of the employee deductible and may not contribute toward coinsurance. (Applicable to a minimum \$1,000 deductible.) • Self-funded plans are not permitted alongside any UnitedHealthcare medical plan. • GAP plans are permitted but not recommended. • Owners are not eligible for an HRA. • An HRA cannot be offered with a UnitedHealthcare EDGESM plan, CatalystSM or an HSA plan. • In a dual option setting, an HRA can be offered with a non-HSA or EDGE product.

Employee Enrollment Forms/Health Statement Requirements	<ul style="list-style-type: none"> • Groups coming from self-funded to fully insured will be considered on a case-by-case basis. A possible 35 percent rate-up will be included for 2–50 eligible employees. • 51–99 self-funded groups must provide individual medical applications to determine final rates. • All eligible employees for groups 1–50 must complete a Colorado Uniform Employee Application For Small Group Health Benefit Plans. All eligible employees for groups 51–99 must complete an employee enrollment form. • COMPLETE ALL SECTIONS. • All medical history questions answered with explanations for all “Yes” responses. • All submitted forms must be signed and dated (UnitedHealthcare requires the signature date to be within 90 days of requested effective date). • Completed forms for all employees in their waiting period if the employer is waiving the waiting period on the group’s requested effective date. • Date of hire listed on all forms. • Domestic Partner Affidavit (if purchased) or Common-Law Affidavit (if requested). • If Medicare is Primary – UnitedHealthcare requires a copy of each individual’s Medicare card to verify enrollment in parts A & B and Medicare form. • Federal regulations require that employer groups with less than 20 full- and part-time employees must provide group benefits secondary to Medicare coverage for active employees 65 years of age or over. • A copy of the Medicare ID card may be required for employees (waiving or enrolling) to confirm participation.
Waiver Requirements – Employee Enrollment Forms	<ul style="list-style-type: none"> • Complete Employee/Dependent Waiver of Coverage section of the Colorado Uniform Employee Application For Small Group Health Benefit Plans (for 2–50 employees) or Declination of Coverage or Waiver forms (for 51–99 employees) for all eligible employees and dependents not electing to enroll. • Reason for declining must be clearly indicated.
Employer Contribution Requirements	<p>Employer must contribute at least 50% of the employee’s medical premium.</p> <p>Please see specific details for dual option.</p>

Participation Requirements	<p>Participation: At least 75% of all full-time eligible employees. Waivers are deducted from the eligible pool and do not count against the 75% requirement if they are:</p> <ul style="list-style-type: none"> • for other creditable group coverage or • individual coverage that has been consistently maintained and that was in force prior to the individual's eligibility for group coverage under an existing group plan. Participation should be calculated by dividing the number of enrolling employees by the combination of enrolling employees and the waivers that count against participation. <p><i>Note: COBRA/continuation applications and applicants/waivers in their waiting period do not count against participation.</i></p>
Multi-site Groups	<ul style="list-style-type: none"> • UnitedHealthcare joint marketed products – No more than 25% of the group may be located in Vermont or Washington. • If two locations, Colorado must have 51% or more enrolled employees to use Colorado rates. Otherwise, the rates will be based on the state with the majority of employees. • If two locations exist and each location has an equal number of employees, Colorado must be the incorporated state to use Colorado rates. • If more than two locations exist, Colorado must be the location with the majority of the enrolled employees to use Colorado rates.
Cut-Off Dates for New Business	New business submissions (2–99 lives) must be in our office by the 15th of the month prior to the requested effective date. Business Groups of One must be in by the 1st of the month prior to the requested effective date.
24-Hour Coverage for Groups 1–50:	<p>Colorado law: Workers' Compensation insurance is required by law for all employers in Colorado. However, certain exceptions to this requirement may include: a sole proprietor or any general working partner; a corporate officer; or a member of a limited liability company.</p> <p>If the employer is exempt from the worker's compensation requirement under Colorado law, then their health insurance policy will provide 24-hour coverage.</p>
Board Members	Coverage is not available.
Retiree coverage	Retiree coverage is only available for employer groups with 51–99 eligible employees.
Plan Changes	<ul style="list-style-type: none"> • Employer-requested benefit changes will only be processed at anniversary.

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Life Insurance Underwriting Guidelines

Stand-alone	<p>Life insurance can be sold on a stand-alone basis for groups with 6–99 lives. The following documentation is required for a new submission:</p> <ul style="list-style-type: none"> • Proposal showing sold rates • Employer application • Employee applications (medical questions must be completed if the amount requested exceeds the guarantee issue amount) • Standard tax documents (same as required for Medical to verify eligibility and participation requirements)
Multi-site Groups	Coverage is available in all states except New York.
Dual Option	Separate life schedules may be applied to one group (e.g., one-time salary for management and \$15,000 flat for all others. No more than two-and-a-half times benefit difference is allowed between classes).

Life (new business 2+ only*) guidelines

Life is required with all* medical submissions sizes 2–50. (*Basic or Standard medical plans are not required to be sold with life coverage and the following guidelines do not apply.)

Participation	2–50: 100% of all eligible employees. 51-99: 75% of all eligible employees for contributory plans and 100% for non-contributory plans.		
Employer Contribution	The employer is required to contribute 100% of the premium.		
Eligibility/Carve-Outs	An employer can either define eligibility as all full-time employees or all employees enrolled in medical coverage.		
Enrollment	Eligible employees may enroll when first eligible. Eligible employees requesting enrollment outside of initial enrollment period will be subject to medical underwriting.		
Medical Underwriting/ Guarantee Issue Amount	A health questionnaire is required for all face amounts requested that are greater than the plan maximum for the group size.		
	Eligible Employees	Guarantee Issue	Plan Maximum
	2-5	up to \$25,000	\$50,000 (with medical underwriting)
	6-19	up to \$50,000	\$175,000 (with medical underwriting)
	20-50	up to \$100,000	\$250,000 (with medical underwriting)
	51-99	up to \$175,000	\$350,000 (with medical underwriting)
Accidental Death and Dismemberment (AD&D)	AD&D is automatically packaged with life.		

Life (Renewals) Guidelines

(Basic or Standard medical plans are not required to be sold with life coverage and the following guidelines do not apply.)

Participation	75% of all eligible employees for contributory plans and 100% for non-contributory plans.		
Employer Contribution	The employer is required to contribute at least 25% of the premium for contributory groups and 100% for non-contributory groups.		
Carve-outs	For new and renewing groups on and after September 23, 2010, due to changes in federal law, UnitedHealthcare will no longer allow carve-outs.		
Group Size	A minimum of two employees must be enrolling for life insurance coverage to be offered.		
Medical Underwriting	A health questionnaire is required for all face amounts requested that are greater than the plan maximum for the group size.		
	Eligible Employees	Guarantee Issue	Plan Maximum
	2-5	up to \$25,000	\$50,000 (with medical underwriting)
	6-19	up to \$50,000	\$175,000 (with medical underwriting)
	20-50	up to \$100,000	\$250,000 (with medical underwriting)
	51-99	up to \$175,000	\$350,000 (with medical underwriting)
Plan Changes (51+)	Life can be added anytime within 120 days prior to renewal.		

Dental Underwriting Guidelines

Employer-Paid Dental Underwriting Guidelines

Participation	Employer-funded plans – 75% of eligibles net of spousal waivers, 50% gross of waivers. This does not have to be the same employees who opt for medical coverage. 100% participation, net of waivers, is required for non-contributory plans.
Employer Contribution	The employer must contribute a minimum of 50% of the employee premium.
Multi-site Groups	Dental plans are available to all locations of multi-site groups.
Stand-alone	<p>Dental plans can be sold on a stand-alone basis. The following documentation is required for a new submission:</p> <ul style="list-style-type: none"> • Proposal showing sold rates • Employer application • Proof of prior carrier dental coverage (if applicable) • Copy of prior carrier bill • Employee applications (medical history does not need to be completed) • Standard tax documents (same as required for Medical to verify eligibility and participation requirements)
Group Size	Groups with 10 or more enrollees are eligible for all plans. Groups with 2-9 have a slightly limited selection.
Dual Option	Available for groups with 10 or more enrollees. Choose any two plans that differ by at least 25% and provide a true high and low offer.
Plan Changes	Dental can be added anytime except within 120 days prior to renewal.
Waiting Period	Waived with proof of prior coverage.
To Waive Dental Waiting Period	Previously, a group had to show proof of 12 months' prior dental coverage, which included major services. This has been changed to require a current bill and a copy of the renewal instead of 12 months of prior bills.

Voluntary Dental Underwriting Guidelines


Participation	Please see below “Group Size.”
Employer Contribution	0%-49% of Employee premium.
Multi-site Groups	Dental Plans are available to all locations of multi-site groups.
Group Size	Groups with 10 or more enrollees are eligible for all plans. Groups with 2-9 have a slightly limited selection.
Dual Option	Available for groups with 10 or more enrollees. Choose any two plans that differ by at least 25% and provide a true high and low offer.
Plan Changes	Dental can be added anytime except within 120 days of renewal.
Waiting Period	Waived and deductible credit for take-over groups.
To Waive Dental Waiting Period	Group must show proof of 12 months’ prior dental coverage, which includes major services. Paperwork must be submitted within 30 days of installation.

Short-Term Disability Underwriting Guidelines

Participation and Employer Contribution	<p>2–9 eligible employees: 100% employer-paid, 100% employee participation required.</p> <p>10–99 employees: Non-contributory: 100% employer-paid, 100% employee participation required. Contributory: Minimum of 50% employer-paid, 75% employee participation required. Voluntary coverage for 10–99 with 25% minimum participation.</p>
Multi-site Groups	Employees working in California, Hawaii, Rhode Island, New York, New Jersey and Puerto Rico are not eligible for STD coverage.
1099 Employees	Not eligible
Group Size/Eligibility	A minimum of two eligible employees, other than those identified as “ineligible,” in business for a minimum of two years (one year if preferred industry), consisting of less than 50% immediate family members.
Stand-alone	An employer-paid companion product must accompany any LTD or STD sale. This includes UnitedHealthcare medical products.
Plan Changes	STD can be added anytime except within 120 days of renewal.
Employee Eligibility	All full-time employees working a minimum of 30 hours per week.
Benefit	Percentage options: 50%, 60%, or 66.7%. Flat options: \$100, \$150, \$200 or \$250
Maximum Weekly Benefit	<p>\$100 – \$1,000 for group sizes 10–50 lives in increments of \$50</p> <p>\$100 – \$750 for group sizes 2–9 lives in increments of 50</p>
Elimination Period	Zero days accident/seven days sick; zero days accident/14 days sick; seven days accident/seven days sick; seven days accident/14 days sick; or 14 days accident/14 days sick.
Disability Definition	Residual
Definition of Earnings	Average monthly earning, including commissions, averaged over prior 24 months (excluding bonus and overtime pay).
Benefit Duration	13 or 26 weeks.
Pre-X Condition Exclusion	12/12 for contributory groups. 12/12 for voluntary groups with 10+ lives.
Integration	Integrates with state disability plans, and integrates with Social Security if benefit duration greater than 26 weeks. STD does not cover disabilities related to workers’ compensation injuries or illnesses.
Rate Guarantee	One year.
Class-Based	Up to four classes allowed for groups 10–99 employees. No classes allowed for 2–99 employee groups.

Long-Term Disability Underwriting Guidelines

Participation and Employer Contribution	<p>2-9 eligible employees: 100% employer-paid, 100% employee participation required.</p> <p>10-99 employees: Non-contributory: 100% employer-paid, Minimum 10 enrolled employees. Contributory: 0-100% employer-paid, Minimum 50% employee participation. Requires at least one companion ancillary product along with the employer-paid companion product requirement. If the basic life is employer-paid, then that would satisfy both requirements.</p>
Multi-site Groups	Allowed
Carve-Outs	For new and renewing groups on and after September 23, 2010, due to changes in federal law, UnitedHealthcare will no longer allow carve-outs.
1099 Employees	Not eligible
Group Size/Eligibility	Requires at least one companion ancillary product along with the employer paid companion product requirement. If the basic life is employer paid, then that would satisfy both requirements.
Stand-alone	Group life must be quoted and sold with groups less than 10 lives. Stand-alone coverage may be sold on groups of 10 lives or more.
Plan Changes	Changes in the current plan may be made at renewal. LTD can be added at any time except within 120 days of the renewal.
Employee Eligibility	All full-time employees working a minimum of 30 hours per week.
Benefit Percentage	50%, or 60% or 66 ² / ₃ %
Maximum Weekly Benefit	\$10,000 for group sizes 10-99 employees. \$5,000 for group sizes 2-9 employees. The maximum benefit will not exceed the average of the top two or three employees rounded up to the nearest \$500.
Elimination Period	90 or 180 days.
Disability Definition	<p>For groups with 10+ lives: 24 months Own Occupation/Residual. Extended own occupation to age 65/Residual Extended own occupation is restricted to business professionals who are salaried office employees with annual earnings of \$45,000 or more, excluding bonuses, overtime, and other extra compensation.</p> <p>For groups less than 10 lives: 24-month Own Occupation/Residual.</p>



Class-Based	Up to four classes allowed for groups 10–99 employees. No classes allowed for 2–99 employee groups.
Definition of Earnings	Average monthly earnings, including commissions, averaged over prior 24 months (excluding bonus and overtime pay).
Benefit Duration	Two- or five-year benefit with Reducing Benefit Duration (RBD). Groups with more than 10 lives also have Reducing Benefit Duration (RBD) to SSNRA (Social Security Normal Retirement Age).
Pre-X Condition Exclusion	3/12 or 12/6/24 or 12/24
Integration	Full Family Social Security
Rate Guarantee	Two years for all plans.
Mental Illness and Substance Abuse Limitation	24 months lifetime maximum.
Subjective Illness Limitation	24 months or no limitation.

Standard Administrative Options/Post-Sale

Grace Period	31 days (This is the number of days during which UnitedHealthcare will wait for payment without terminating the group.) Payment is due the first of each month. If no payment is received within 10 days after the due date, the collection process will start. Only three reinstatements to the current health care coverage plan are allowed during a 12-month period and will be subject to underwriting requirements.
Delinquent Policy	A policy that is not paid by the due date is considered delinquent.
Mandatory Enrollment into Products	If the employer contributes 100% toward medical or ancillary products premium (Life & AD&D, Dependent Life and/or Group Dental), then all employees must elect that product's coverage.
Age-Banded Rate Changes	Age-banded changes occur during renewal month.
Open Enrollment Period	Enrollment changes will be effective the first day of the renewal month. Changes will be accepted up to the end of the renewal month.
Identification Cards	Mailed to employee's home. Also available online on myuhc.com.* Members will receive separate medical and dental identification cards. Identification cards are not issued for vision plans.
Certificate of Coverage	Available online through Employer eServices* and myuhc.com.*
Covered Eligibles	<ul style="list-style-type: none"> • Employee, spouse, or common-law spouse. • Unmarried child(ren) of the policyholder or spouse (stepchildren) up to age 25. • Adopted children or children placed for adoption. • Medically certified as disabled dependent children over age 25. • Children for whom the policyholder or the policyholder's spouse has assumed permanent legal guardianship. • Domestic Partner Affidavit must be submitted with request. • Dependents who are court-ordered to be covered by member's group plan. • Domestic Partners if rider added. Rider must be added as new group or at renewal only.
Invoice Frequency	Monthly.



Pre-Existing Health Condition Limitation

- No limitation if enrollees provide a letter from their previous insurer showing evidence of continuous creditable coverage for the prior six-month period with their enrollment form or submit the letter when requested by our claims processing office.
- A six-month exclusion period will apply to all members initially enrolling under the policy for all covered services. The exclusion period will be reduced or eliminated based on prior creditable coverage, which must be continuous with no lapses greater than 90 days. Every day of creditable coverage will reduce the six-month exclusion period by one day.

Pre-existing condition exclusions may not be imposed on a newly adopted child, a child placed for adoption, a newborn, other special enrollees, or for pregnancy.

- Only applies to groups with 50 or fewer employees. Groups with 51–99 employees are not subject to pre-existing health condition limitations.

Standard Eligibility Provisions/Post-Sale

Late Entrant	<p>Late Enrollee: An Eligible Employee or Dependent who requests enrollment in a group health benefit plan following the initial enrollment period for which such individual is entitled to enroll under the terms of the health benefit plan, if such initial enrollment period is a period of at least 30 days. An Eligible Employee or Dependent shall not be considered a Late Enrollee if:</p> <ol style="list-style-type: none"> The individual: <ol style="list-style-type: none"> Was covered under other creditable coverage at the time of the initial enrollment period and, if required by the carrier or issuer, the employee stated at the time of initial enrollment that this was the reason for declining enrollment; and Lost coverage under the other creditable coverage as a result of termination of employment or eligibility, reduction in the number of hours of employment, the involuntary termination of the creditable coverage, death of a spouse, legal separation or divorce or employer contributions toward such coverage was terminated; and Requests enrollment within 30 days after termination of the other creditable coverage; or The individual is employed by an employer that offers multiple health benefit plans and elects a different plan during an open enrollment period; A court has ordered that coverage be provided for a Dependent under a covered employee's health benefit plan and the request for enrollment is made within 30 days after issuance of such court order; or A person becomes a Dependent of a covered person through marriage, birth, adoption or placement for adoption and requests enrollment no later than 30 days after becoming such a Dependent. In such case, coverage shall commence on the date the person becomes a Dependent if a request for enrollment is received in a timely fashion before such date. The parent or legal guardian of the dependent disenrolls the dependent from the children's basic health plan, established pursuant to Article 8 of Title 25.5, C.R.S., and requests enrollment of the dependent no later than 90 days after the disenrollment.
Minimum Hours Worked Per Week to be Eligible	Minimum 24 hours per week
Effective Date of Termination	<ul style="list-style-type: none"> Employees will be covered to the end of the month in which the term occurs with the exception of date-of-event groups. Date-of-Event Groups – termination is the last day of employment.
Date for Status Change	<p>The effective date is the 1st of the month following change.</p> <p>Newborn, marriage, adoption, placement for adoption, permanent legal guardianship and qualified medical child support order with a qualifying event that we are notified of within 31 days are added on the date of the event.</p>

Qualifying Events	Newborn; marriage; divorce; adoption; placement for adoption; death; loss of other coverage.
Dependent	<p>Dependent means the subscriber's legal spouse, common law spouse or an unmarried dependent child of the subscriber or the subscriber's spouse. The term child includes any of the following:</p> <ul style="list-style-type: none"> • A natural child. • A stepchild. • A legally adopted child. • A child placed for adoption. • A child for whom legal guardianship has been awarded to the subscriber or the subscriber's spouse. <p>To be eligible for coverage under the Policy, a dependent must reside within the United States.</p> <ul style="list-style-type: none"> • A dependent includes any unmarried dependent child under 25 years of age only if you furnish evidence upon our request, satisfactory to us, that: • The child is financially dependent upon the subscriber or the subscriber's spouse for support and maintenance; or • The child has the same legal residence as the subscriber. • A dependent includes an unmarried dependent child of any age who is or becomes medically certified as Disabled and dependent upon the subscriber or the subscriber's spouse. <p>The subscriber must reimburse us for any benefits that we pay for a child at a time when the child did not satisfy these conditions.</p> <p>A dependent also includes a child for whom health care coverage is required through a qualified medical child support order or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a qualified medical child support order.</p>
Employer Plan Termination	<p>UnitedHealthcare may terminate group coverage for:</p> <ul style="list-style-type: none"> • Nonpayment of premiums (The group is liable for payment of premiums for the entire term the policy is in force, including the grace period.) • Not meeting contribution requirements • Not meeting participation requirements

Voluntary Termination by Employer Group	<p>UnitedHealthcare's group termination policy, included in its contracts with employers, requires thirty-one (31) calendar days' advance written notice to us the group is terminating their policy. However, we understand there are rare occasions when providing 31 calendar days' advance written notice may not be possible (example: waiting for policy number from new carrier). Therefore, as a courtesy, we will consider written requests for policy termination up to four business days prior to the requested termination date to ensure processing by that date. Requests for policy termination submitted with less than four business days' advance written notice will be prorated for the partial coverage period. We will no longer make exceptions for termination requests with less than four business days' advance written notice.</p>
Reinstatement for Groups Terminated for Nonpayment	<p>Reinstatement must be requested within 60 days of the date coverage is terminated for nonpayment. Reinstatement will not be offered for Business Groups of one and groups 51–99 once a group has been terminated for nonpayment three times.</p>

Spinoff Groups Policy

What is a spinoff group?	<p>A spinoff group is a company that is being formed from employees of an existing company branching out on their own, thus forming a new group. The employees forming this company are no longer employed by the larger company and are applying for insurance on their own under a new policy.</p>
What information needs to be sent when a spinoff group is submitted and how do we review a spinoff group?	<p>If a spinoff group did not have UnitedHealthcare as prior carrier, refer to standard submission checklist. No special requirements apply.</p> <p>Spinoffs from an existing UnitedHealthcare group:</p> <p>Although these types of spinoff groups are newly formed, they are not subject to the 45-day length of time in business rule. All spinoff groups, including the spinoff group as well as the group it is spinning off from, must be reviewed and approved by Underwriting. This may result in adjustments to rates.</p> <p>The following requirements need to be included in every submission:</p> <ul style="list-style-type: none">• Employer Group Application for the new group.• Proof of Business (refer to the applicable Proof of Ownership, Quarterly Wage Report and Payroll Record Requirement Guidelines).• A letter, on company letterhead, that explains the request and effective date.• Employee Enrollment Forms and Declinations for all Eligible Employees. Health Statements are required for all employees not currently covered under our plans.• Underwriting will determine the final rates.• Group Acceptance Form for the new group.• Binder Premium Check.

Acquisition Guidelines

These cases may be subject to underwriting review. The following information is needed to review:

- Letter from group with the explanation of request and requested effective date.
 - Completed Employee Enrollment Forms or waivers (as applicable per the size of the employer group) on the acquired portion of the group.
-


Exclusions and coverage limitations are detailed in the *Certificate of Coverage*. If this document conflicts in any way with the *Certificate of Coverage*, the *Certificate's* provisions prevail.

Contacts



Contacts

Resource	Website/Address	Phone/Fax
Employer eServices® customer support Assistance with online navigation and technical support	www.EmployereServices.com	1-800-651-5465
myuhc.com® customer support Assistance with online navigation and technical support	www.myuhc.com	1-877-844-4999
United eServices® broker support Assistance with online navigation and technical support	www.UnitedeServices.com	1-866-336-9369
Customer service for brokers and benefit administrators <ul style="list-style-type: none"> ▪ Enrollment/Eligibility* ▪ Billing information and payment ▪ Medical benefit information ▪ Pharmacy drug card services ▪ Physician/Health professional status ▪ Notification status <p>* Make eligibility changes online at www.EmployereServices.com. If you don't have access to the Internet, please fax or mail eligibility changes to us.</p>	EmployereServices.com Enrollment/Eligibility address UnitedHealthcare PO Box 30964 Salt Lake City, UT 84130-0964 Overnight mail UnitedHealthcare Prime eligibility 4050 South 500 West Salt Lake City, UT 84123 Claims address Please mail claims to the address on the member's ID card. Billing address For billing address, please see your invoice remittance stub or call customer service.	1-888-842-4571 Fax: 1-248-733-6062
Customer care for members <ul style="list-style-type: none"> ▪ Medical claims ▪ Benefits and eligibility ▪ Care24® nurses and counselors ▪ Pharmacy ▪ Mental health and substance abuse ▪ Physician/Health professional status ▪ Notifications of hospital admissions 	myuhc.com	Members simply call the toll-free customer care telephone number on the back of their ID card.
UnitedHealthcare Specialty BenefitsSM	myspecialtybenefits.com	Customer Service 1-888-866-3192
Medical Conversion		1-866-747-1019



Dental	Claims address Please mail claims to the address on the member's ID card.	Member Service 1-888-866-3192 Dental HMO members can call the toll-free number on their ID card.
Life Insurance	UnitedHealthcare Life PO Box 30759 Salt Lake City, UT 84130-0759	1-866-293-1794
Life Conversion		1-866-293-1794
Vision		1-800-638-3120
U.S. Department of Labor COBRA hotline	dol.gov/ebsa	1-866-444-3272
Golden Rule® Insurance Company A UnitedHealth Group company that offers individual and family coverage	goldenrule.com	1-800-413-4420
UHC Services COBRA, Pre-Tax Premium Plan, FSA Administration	UHCServices.com	1-800-318-5311



Visit us at www.unitedhealthcare.com

Note: Services supplied by OptumHealth Bank, Inc. are not available in Hawaii, Alaska or the U.S. Virgin Islands.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, United Healthcare of Colorado, Inc. or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.

The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

Attachment D: Insurance Index Rates

POS/EPO/IND Index Rate	1/14	2/14	3/14	4/14	5/14	6/14	7/14	8/14	9/14	10/14	11/14	12/14
Medical	114.91	114.91	114.91	117.42	117.42	117.42	120.04	120.04	120.04	122.66	122.66	122.66
Pharmacy	<u>19.88</u>	<u>19.88</u>	<u>19.88</u>	<u>20.31</u>	<u>20.31</u>	<u>20.31</u>	<u>20.77</u>	<u>20.77</u>	<u>20.77</u>	<u>21.22</u>	<u>21.22</u>	<u>21.22</u>
Total	134.79	134.79	134.79	137.73	137.73	137.73	140.81	140.81	140.81	143.88	143.88	143.88

Rate Calculation Formula

Monthly Medical Premium Rate =
 (Medical Index Rate for Appropriate Policy Effective Month)
 x (Sum of Member Age Factors for Census)
 x (Area Factor)
 x (Medical Plan Relativity)

Monthly Pharmacy Premium Rate =
 (Pharmacy Index Rate for Appropriate Policy Effective Month)
 x (Sum of Member Age Factors for Census)
 x (Area Factor)
 x (Pharmacy Plan Relativity)

Total Monthly Premium Rate = Medical Premium Rate + Pharmacy Premium Rate

Attachment F: Retention

H. Relationship of Benefits to Premium

Description	Percentage	Support
Commissions	4.6%	NAIC Supplemental Health Exhibit for 2012 (1)
General Expenses	5.9%	NAIC Supplemental Health Exhibit for 2012 (1)
Premium Taxes	2.0%	NAIC Supplemental Health Exhibit for 2012 (1)
Profit/Contingencies excludes FIT	5.0%	UHC company target, is less than 7% per CO DOI guidance
FIT	2.6%	NAIC Supplemental Health Exhibit for 2012 (1)
Investment Income	0.0%	less than 0.1%
Exchange Fee	0.0%	not applicable
PPACA Fee	2.3%	2.3% insurer fee
Reinsurance Fee + PCORI fee	1.1%	reinsurance fee + PCORI fee (assumes \$5.25 + .17 per HHS Regulations)
Other	0.8%	Quality initiatives/Information technology improvements NAIC Supplemental Health Exhibit for 2012 (1)
Total Retention	24.3%	
Total Retention	20%	Excluding PPACA fees and Quality initiative and information technology improvements
Targeted Loss Ratio	75.7%	
Targeted Loss Ratio	80%	Excluding PPACA fees and Quality initiative and information technology improvements

(1) summary of portions of the NAIC supplemental Health exhibit for CY 2012 are shown on confidential index id # 7

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XFO	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFP	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFQ	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFR	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFS	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFT	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFU	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFV	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XFW	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
AFX	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFY	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XFZ	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF1	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF2	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF3	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF4	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	N	15/35/70/250
XF5	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF6	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF7	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF8	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XF9	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XH9	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIW	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XIX	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	N	25/50/100/250
XDU	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDV	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XDW	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	N	15/35/70/250
XDZ	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDY	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XDZ	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD1	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD2	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD3	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD4	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WJ9	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK5	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK6	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK7	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	Y	15/40/80/250
		\$35 After Ded	\$70 After Ded															
WK8	POS			80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WK9	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLU	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	Y	20/50/100/250
WLV	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	Y	10/30/50/250
XD5	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250

Attachment G: 2014 Benefit Plan Designs

Plan Code	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Integ Rx?	Rx Description
XD6	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	N	15/35/70/250
XD7	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD8	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
XD9	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	N	15/40/80/250 w/ \$250 ded on tiers 2-4
WLW	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
WLX	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	Y	15/40/80/250
XEK	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	N	15/40/80/250
XEL	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	N	15/35/70/250
XEM	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEN	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
XEO	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	N	15/35/70/250
XEP	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	N	15/35/70/250
WLY	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	Y	20/50/100/250
XEQ	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XER	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XES	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XET	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	Y	25/50/100/250
XEU	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XEV	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	N	10/35/60/250
XIY	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250
XIZ	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	N	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

CONFIDENTIALITY INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please Fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1 Identification of Party Requesting Confidential or Privileged Status:

Name:	Della J. Logan
Company:	United Healthcare Insurance Company
Address:	185 Asylum Street, City Place I, CT039-16B
	Hartford, CT 06103
Email Address	Della_Logan@uhc.com
Telephone:	860-702-5770
Facsimile:	860-702-5016

2 Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01a	Historical Trend results	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies historical trend results would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
01b	Pricing Trend Components Colorado data	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies pricing trend components would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
01c	Final summary Pricing Trend Components Colorado data	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies pricing trend components would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
02	Justification for changes in Area Factors	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies justification for changes in area factors would allow competitors to view confidential CO specific info and might contribute to unfair competitive advantage.
03	Base rate analysis	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies summary of base rate analysis would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
04	PPACA Fees- calculation of fees	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies calculation of the PPACA fees would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
05	Measurement of rate impact for Essential Health Benefits	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies impact of EHB would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
06	Justification for projected loss ratio	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies detailed components for justifying our loss ratio projections would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.
07	Summary of CO Small Group CY 2012 NAIC Supplemental Part 1 Exhibit	5/2/2013	Della Logan	Colorado Division of Insurance	Sect 24-72-204(3)(a)IV crs and section 10-16-105 (6.6)	Disclosure of our Companies NAIC supplemental data would allow competitors to view confidential co specific info and might contribute to unfair competitive advantage.

Bulletin B-1.15

Effective December 9, 2008

Actuarial Memorandum (Colorado Insurance Regulation 4-2-11 Section 6)

May 8, 2013

Re: UnitedHealthcare Insurance Company Rate Filing
Non-Grandfathered Employer Groups with 2-50 Eligible Employees (Small Group)

Summary (Reg 4-2-11 Section 6 (A))

1. Reason(s) for the rate filing: This is a new rate filing. The purpose of this filing is to provide rates and rating factors for non-grandfathered small group plans marketed by UnitedHealthcare Insurance Company, for groups of 2-50 eligible employees.

UnitedHealthcare will use this rate basis for business with effective dates of 1/1/2014 through 12/31/2014. The filing has been prepared according to Colorado Insurance Regulation 4-2-11 Section 6 as well as current ACA rules and more recent guidance from the Colorado Division of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the Colorado Division of Insurance.

2. Requested rate action: Not applicable, since this is a new filing.

3. Marketing method(s): The plans will be marketed through agents, brokers and direct mail/direct response.

4. Premium classification: Premium rates will vary by effective date, geographic area, age of covered members, family composition, and benefit plan design.

5. Product descriptions: Schedule of benefits for all the new plan designs will be included with the form filing portion of this filing effective 1/1/2014. All benefit plan designs include the essential health benefits for Colorado. A high level summary of the benefit plan designs is included as Attachment G.

6. Policy/Rider form: Per guidance from the Colorado DOI on 4/12/2013, this section can be eliminated since all forms must be listed on the Plans and Benefits template and also on the forms schedule tab in SERFF.

7. Age basis: Premiums will be determined based on attained ages of members as of the effective or renewal date of the policy. The premiums will not change for a member during the policy period due to his/her birthday.

8. Renewability provision: Per guidance from the Colorado DOI 4/12/2013, this section can be eliminated since all policies are guaranteed renewable.

Assumption or Acquisition (Reg 4-2-11 Section 6(B))

The products included in this rate filing are not part of an assumption or acquisition of policies from another company.

Rating Period (Reg 4-2-11 Section 6 (C))

The rates in this filing are intended for new and renewing business from 1/1/2014 through

12/31/2014. The planned implementation date of the rates is 1/1/2014. A group's rates will remain in effect for 12 months following its rate effective date. Please see attachment H (per the Division's request) for an excel file with this information.

Underwriting (Reg 4-2-11 Section 6 (D))

Per guidance from the Colorado DOI on 4/12/13 this section can be eliminated.

Effect of Law Changes (Reg 4-2-11 Section 6 (E))

Per guidance from the Colorado DOI on 4/12/13, this section can be skipped. This is because this filing is for new plans which are PPACA compliant as of 1/1/2014 and they include all essential health benefits and comply with state mandates.

Rate History (Reg 4-2-11 Section 6 (F))

Not applicable, since this is a new filing.

Coordination of Benefits (Reg 4-2-11 Section 6 (G))

The impact of coordination of benefits is reflected in the experience.

Relation of Benefits to Premium (Reg 4-2-11 Section 6 (H))

For the Comprehensive Major Medical plans, our target benefits ratio (exclusive of PPACA fees and quality health care initiatives and information technology improvements) is 80%, which complies with the Division's minimum Benefits Cost ratio guideline as specified in Colorado Regulation 4-2-11. After including the PPACA insurer and reinsurance fees as well as the quality initiatives and information technology improvements the benefits ratio amounts to 75.7%. Note that using the federal definition of the minimum loss ratio translates this target benefit ratio to a federal minimum loss ratio of 83.2%.

The retention components are 5.9% general administrative expenses, 7.6% profit/risk before federal income tax (estimated 5% after federal income taxes), 2% premium tax, 4.6% broker commissions, 3.4 % PPACA fees (see below for detail breakdown), and 0.8% for quality health care initiatives and information technology improvements. Total retention is therefore 24.3%. These targets and components adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums.

Please see attachment F for the component break down of the retention components. A summary of the information on the NAIC supplemental health exhibit form for CY2012 was used to demonstrate that retention projections are reasonable. This supporting documentation is shown on confidential exhibit id #7.

Information about the PPACA fees:

The Patient Protection and Affordable Care Act (PPACA) includes several new taxes and fees which will increase health insurance costs and need to be reflected in premium. These take effect with calendar year 2014 earned premiums: (See confidential index id 4 for the calculation of the numbers below)

1. Insurer Fee: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on earned health insurance

premiums in the prior year, with certain exclusions. In addition, this will not be a tax deductible expense. UnitedHealthcare estimates 2014 premium will need to be increased by 2.3% to cover this fee and the associated additional federal income tax.

2. Reinsurance Fee: Per HHS regulation the additional cost amounts to \$5.25 PMPM for 2014.
3. In addition, also beginning January, 2014, per capita fees for Patient Centered Outcomes Research Institute (PCORI) will be assessed (projected add-on to premium of \$2.00 per member per year) and will be imposed on all commercial fully insured and self-insured groups. The amount of add-on to the rate is $\$2 \text{ PMPY}/12 = \0.17 PMPM

Lifetime Loss Ratio (Reg 4-2-11 Section 6 (I))

Per guidance from the Colorado DOI on 4-12-13 this section can be eliminated.

Provision for Profit and Contingencies (Reg 4-2-11 Section 6 (J))

The percentage of the final rate for profit and contingencies is 7.6% of premiums prior to federal income tax (FIT). After FIT profit is 5% which is less than the 7% maximum as specified in the regulation.

Investment income is expected to have a negligible impact on retention. There are no unearned premium reserves or contract/policy reserves held on this product, and the product's liabilities are relatively short-term in nature. With short-term interest rates well under 1% for the foreseeable future, investment income on the remaining categories of reserves cited in the regulation should be no more than 0.1% of premium.

Complete Explanation as to How the Proposed Rates were Determined (Reg 4-2-11 Section 6 (K))

Setting the index Rates:

In order to set the index rates for the filing *we first reviewed* our current base rates in Colorado for non-grandfathered, non-BG1 small groups. As part of the review process, we compared projected revenue to manual premium for the same rating period assuming no changes to any rating factor per PPACA. This analysis indicates that absent any other changes, the manual premium will need to be increased by about **2.9%** relative to the anticipated revenue over all Insurance and HMO products. This as well as the other rate impacts described below can be seen and itemized on Confidential Index Id #3. Please see confidential index id #6 for a more detailed breakdown of projected claims and revenue.

The second part of the analysis is to calculate changes to index rates in 2014 due to the cost of new/revised benefits and factor in the addition of our estimated payout/receipt due to risk adjustment. a) Risk Adjustment: based on an analysis done by a consulting firm, we estimate we will be liable for a 1.3% risk payout in total for our two licenses. b) essential health benefits: we did a detail study itemizing each essential health benefit and how it compared to our current certificates of coverage and calculated rate impacts for each item. Please see confidential index id #5 for a summary and itemization of the rate impacts per item. The total rate impact for all new/revised benefits is +2.0%. c) mental health parity adjustment: due to PPACA, all small groups will be required to have mental health parity. The incremental cost of this is 0.2% when spread over all our small group and large group business. This is because it is a capitated cost. d) area factors: per the explanation below by implementing the proposed

area factors we anticipate receiving less revenue by -0.12%. Therefore we are proposing increasing the base rate by +0.12% to make the adjustments to area factors revenue neutral. The subtotal for this section is a rate impact of **+3.7%**

The third and final part of the analysis is to calculate changes in index rates in 2014 due to rate/factor changes so as to achieve revenue neutrality for our non-grandfathered non-BG1 business. These include: a) change in current benefit plan slope as a result of using our updated pricing data for medical and rx plan relativities. (Per the explanation below, by implementing the revised pricing data we anticipate an increase in revenue. Therefore we are proposing decreasing the base rate by -13.6% to make this adjustment revenue neutral. b) 3:1 age compression to HHS' age factors: per the explanation below, by implementing HHS' age factors we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -23.4% to make this adjustment revenue neutral, and c) industry factors moving to 1.0; : per the explanation below, by removing industry factors i.e. setting these factors to 1.0 we anticipate receiving an increase in revenue. Therefore we are proposing decreasing the base rate by -1.4% to make this adjustment revenue neutral. The subtotal for this section is a rate impact of **-34.8%**

Finally, to set the index rate for the first quarter of 2014, we trended this 1/1/2014 index rate for one month at the 9.1% proposed pricing trend. This is to set the appropriate index rate for the midpoint of the first quarter 2014.

Taking the above sections into account results in an adjustment to our current index rates effective 1/1/2014 of **-29.9.%. $(1.029*1.037*(1-.348)*1.007-1)$**

The base rate level as well as pricing trend factors will continue to be monitored/evaluated with changes proposed in the future as appropriate.

Setting the Area Factors:

An area factor analysis was performed and is summarized on Confidential Index ID #2. The purpose of this study was to: a) re-evaluate our current area factors (in 9 rating areas) versus the newly defined 11 rating areas and b) to compare updated study results to determine if any changes should be made to our current area factors once redefined for the 11 rating areas. We first re-grouped the counties into groups consistent with the newly approved 11 rating areas. We calculated "current" area factors using premium weighting from our non-grandfathered non BG1 business along with current approved small group area factors. To ensure credibility in the analyses, Colorado data from HMO and insurance products lines was combined. We performed an analysis of recent historical medical cost data by the new 11 rating areas with adjustments to reflect upcoming provider contract changes within each area. This study was based on data for small group and large group contracting combined. We used the results of this study taking into account the credibility of each rating area on its own to revise the "current" factors. The proposed changes in area factors result in a reduction of revenue by -0.12%, so an offset to base rates of 0.1% was included to achieve revenue neutrality. This calculation used premium for non-grandfathered, non BG1 data.

We will continue to monitor experience in all of the rating areas, and propose revisions as appropriate.

Medical and Rx Benefit Slope analysis and revenue neutrality adjustment

We performed an analysis to measure the rate impact of changing our rating from Colorado specific slope to a revised actuarial value slope using most recent national data for medical and Rx. We calculated the impact effect of re-rating the majority of our medical and rx plans on this revised pricing model. As a result of this analysis it was determined that there would be an increase in revenue due to this change in pricing methodology. Therefore we are proposing reducing index rates by -13.6% to make this change in slope and rating methodology revenue neutral.

Medical and Rx plan Relativities for new plans

The medical plan price relativities were developed using our proprietary pricing methodology. This methodology is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Some of the new plan designs have deductibles greater than \$2,000. These plans were created in order to have reasonable plan designs to hit all the AV metal values. We created these plans in order to have an appropriate range of plans to offer our current members.

Please note that we had originally intended to file for 65 new medical benefit plans. All the templates have been created with the 65 plans. Per the division's email on 4/30/13 at 5:40 eastern time, we originally put 65 plans in this filing. In performing the 20% reasonableness test for plans exceeding the \$2,000 deductible it was discovered that one of the plans did not pass. Therefore we removed the non-compliant plan from this rate filing. It is HIOS plan id 67879CO0010024. This plan does show up on the templates (i.e. rate data, plan benefit design etc.) because we did not have time to recreate all the templates (i.e. we cannot delete columns) but we are withdrawing this one plan from this rate filing.

3:1 age compression to HHS' age factors

We performed an analysis to measure the rate impact of changing from our current age scale to HHS' 3:1 age compression scale. We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -23.4% to make this change in age rating factors revenue neutral.

Industry factors moving to 1.0

We also performed an analysis to measure the rate impact of removing the industry factor from rating (i.e. changing all our industry factors to 1.0). We used our current non-grandfathered non-BG1 groups data to determine the rate impact. As a result of this analysis it was determined that there would be an increase in revenue due to this change in age factors. Therefore we are proposing reducing index rates by -1.4% to make this change in industry rating factors revenue neutral.

Trend

Projected pricing trend has been calculated using Colorado small group and large group experience combined. Please see confidential index id 1a with the Colorado specific historical data by quarter. Providing this exhibit does not imply that the UHC actuaries believe that it is appropriate to use Colorado only experience. Rather, this exhibit also serves to show the volatility observed in this segment, and the difficulties faced when projecting the utilization component of pricing trend based on the experience of the segment alone. Historically, this has been our reason for placing full weight on national experience when projecting the utilization and mix component in our proposed pricing trends.

Note that we used an average of Colorado 2008-2012 utilization and mix component data to derive the 1.8% for the utilization and mix assumption in the prospective pricing trend. Please see confidential index id # 1b for a justification and breakdown of the trend components. See confidential index id #1c for a final summary chart of the components of trend. Consequently, we propose a 9.1% pricing trend.

We are thus proposing setting our future medical and Rx pricing trend rates to these levels.

Trend (Reg 4-2-11 Section 6 (L))

The proposed rating trend is 9.1% for medical and pharmacy combined. Splitting this pricing trend, medical trend is about 7.5% and insurance trend is about 1.5%. (note that these components are multiplicative)

Past data, various models and business judgment of future economic developments are all used in estimating future trend.

At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado Group block rate development.

Credibility (Reg 4-2-11 Section 6 (M))

Over 850,000 member months and \$250 million of incurred claims are contained in the experience period used for rating. Having over 70,000 average members exceeds the 2,000 life years credibility requirement. Also, we estimate that there were more than 1,250,000 claims for the experience period which exceeds the 2,000 claims per year requirement. Therefore, the data meets the Colorado credibility requirement. Please see attachment I for an excel table (per the Division's request) for this section.

Data Requirements (Reg 4-2-11 Section 6 (N))

Please see Attachment E. This exhibit shows experience data for our non-grandfathered, non-BG1 groups.

Side-by-Side Comparison (Reg 4-2-11 Section 6 (O))

Attachment B is a side-by-side comparison of the index rates and other factor changes.

Benefit Ratio Projections (Reg 4-2-11 Section 6 (P))

Note that the following projections include both Insurance and HMO data. This is because the HMO data is not credible on its own.

Prior to PPACA fees and QI/IT initiatives, the projected loss ratio over a rating period of 1/1/2014 through 12/31/2014 is 80.0%. When these initiatives are included, the resulting loss ratio would amount to 75.7%.

Additional information on how this loss ratio was calculated can be found on Confidential index id #6. Please see attachment J for an excel file (per the Division's request) with the projections.

Other Factors (Reg 4-2-11 Section 6 (Q))

Attachment C shows all other rating factors, including area factors, age factors, and medical/pharmacy factors.

Rating Manuals and Underwriting Guidelines (Reg 4-2-11 Section 6 (R))

Please see supporting documentation for attached guidelines.

Wellness and Prevention Programs (Reg 4-2-11 Section 7 (B))

The wellness program we have for all our customers is a participation based program per the definitions in CRS 10-16-136. The program includes; biometric health screenings, telephonic wellness coaching, fitness reimbursements and health discounts.

Index Rates (Reg 4-2-11 Section 7 (C)(1))

Attachment D presents the index rates by effective date in this filing and their subsequent months. A description of the rate calculation formula is also presented in Attachment D.

Description of Rating Practices and Renewal Underwriting Practices (Reg 4-2-11 Section 7 (C)(2))

The new business and renewal rating methodology is summarized on Attachment D.

In addition, we reserve the right, in appropriate cases, to increase a group's modified community rate by up to 35% for health status for a period no greater than 12 months in accordance with C.R.S. § 10-16-105(13).

Examples of appropriate cases for a rate increase of up to 35% above the modified community rate for health status include groups that, at any time within the preceding 12 months, purchased health insurance as a small employer which was:

- self funded, or
- sponsored by an employee leasing company (i.e., PEO) and the small employer is still a party to the employee leasing company arrangement (i.e., retains some ties with the employee leasing company).

Actuarial Certification (Reg 4-2-11 Section 5 (B)(2))

I certify that the rates, in conjunction with the methodology, are not excessive, inadequate, nor unfairly discriminatory.

I, Della Logan, Senior Pricing Consultant and Associate Actuary at UnitedHealthcare, am an ASA and MAAA.

This rate filing document is uniquely identified with the filename shown in the document footer. All information is current-to-date shown in footer; no information or subsequent event with any material impact has arisen since production of this document.

I satisfy the 2012 continuing professional development requirements of the Academy and therefore am qualified to issue this 2013 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 20 years.

There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing.

There are no conflicts of interest with regards to my production of this rate filing.

This concludes UnitedHealthcare Insurance Company's rate filing for Colorado. Should you need additional information, please contact me at 860-702-5770 or Joseph Hoban at 570-689-7286.

Respectfully submitted,



Della J. Logan, ASA, MAAA

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Exhibit 1: Base Premium Rates

POS/EPO Index Rate	1/14	2/14	3/14	4/14	5/14	6/14	7/14	8/14	9/14	10/14	11/14	12/14
Medical	114.91	114.91	114.91	117.42	117.42	117.42	120.04	120.04	120.04	122.66	122.66	122.66
Pharmacy	<u>19.88</u>	<u>19.88</u>	<u>19.88</u>	<u>20.31</u>	<u>20.31</u>	<u>20.31</u>	<u>20.77</u>	<u>20.77</u>	<u>20.77</u>	<u>21.22</u>	<u>21.22</u>	<u>21.22</u>
Total	134.79	134.79	134.79	137.73	137.73	137.73	140.81	140.81	140.81	143.88	143.88	143.88

Exhibit 2: Age Factors

Age Table	
Member Age	Member Factor
Under 21	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
Over 63	3.000

Exhibit 3: Area Factors

Rating Area	Rating Factor	Counties
1	0.962	Boulder
2	0.902	El Paso, Teller
3	0.918	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
4	1.179	Larimer
5	1.122	Mesa
6	1.133	Weld
7	0.905	Pueblo
8	1.235	Baca, Bent, Cheyenne, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Alamosa, Chaffee, Conejos, Costilla, Rio Grande, Saguache
9	1.311	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
10	1.308	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
11	1.383	Eagle, Garfield, Pitkin, Summit

Exhibit 4: INS Products

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
XFO	Gold	79.6%	3.229	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFP	Gold	79.8%	3.308	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$500	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFQ	Gold	78.3%	3.161	2.216	POS	\$20/\$40	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFR	Gold	78.5%	3.202	2.216	POS	\$20	\$40/\$80	\$75	\$300	80%/50%	\$1,000	\$4,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFS	Silver	70.4%	2.878	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFT	Silver	70.9%	2.955	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFU	Silver	69.3%	2.839	2.216	POS	\$35/\$70	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFV	Silver	69.8%	2.915	2.216	POS	\$35	\$70/\$100	\$75	\$400	80%/50%	\$2,000	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XFW	Silver	71.4%	3.087	1.858	POS	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFX	Silver	69.2%	2.917	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFY	Silver	68.7%	2.896	1.858	POS	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XFZ	Silver	68.2%	2.882	1.858	POS	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF1	Silver	69.9%	2.780	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF2	Silver	70.0%	2.858	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF3	Silver	68.8%	2.745	2.216	EPO	\$35/80%	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF4	Silver	68.9%	2.826	2.216	EPO	\$35	\$70/80%	\$75	\$350	80%/50%	\$2,000	\$6,000	N/A	N/A	N/A	80%	80%	\$250	\$250	F6	15/35/70/250
XF5	Silver	71.4%	2.946	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$1,500	\$5,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF6	Silver	69.2%	2.836	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF7	Silver	68.7%	2.816	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$2,500	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF8	Silver	68.2%	2.802	1.858	EPO	\$35	\$70	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	\$250	\$250	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XF9	Bronze	60.6%	2.759	1.791	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XH9	Bronze	60.6%	2.680	1.791	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XIW	Bronze	61.7%	2.742	1.791	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	\$250	\$250	1Q	25/50/100/250
XIX	Bronze	61.7%	2.664	1.791	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	\$250	\$250	1Q	25/50/100/250
XDU	Gold	79.1%	3.350	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDV	Gold	78.1%	3.276	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XDW	Gold	78.1%	3.312	2.216	POS	\$20	\$40	\$75	\$300	90%	\$2,000	\$5,000	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	F6	15/35/70/250
XXD	Silver	70.4%	2.956	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,500	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXY	Silver	70.0%	2.941	1.858	POS	\$35	\$70	\$75	60%	60%	\$1,750	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XXZ	Silver	69.6%	2.926	1.858	POS	\$35	\$70	\$75	60%	60%	\$2,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD1	Silver	68.4%	2.896	1.858	POS	\$35	\$70	\$75	60%	60%	\$3,000	\$6,000	50%	\$5,000	\$10,000	60%	60%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD2	Silver	70.3%	2.973	1.858	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD3	Silver	69.8%	2.964	1.858	POS	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD4	Silver	70.6%	2.948	1.858	POS	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WJ9	Silver	70.6%	3.450	0.000	POS	80%	80%	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK5	Silver	69.1%	3.380	0.000	POS	80%	80%	80%	80%	80%	\$1,750	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK6	Silver	68.5%	3.330	0.000	POS	80%	80%	80%	80%	80%	\$2,000	\$5,300	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK7	Silver	68.7%	3.326	0.000	POS	70%	70%	70%	70%	70%	\$1,500	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
WK8	Silver	70.4%	3.271	0.000	POS	\$35 After Ded	\$70 After Ded	80%	80%	80%	\$1,500	\$6,000	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F8	15/40/80/250
WK9	Bronze	60.4%	3.063	0.000	POS	70%	70%	70%	70%	70%	\$4,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250

Plan Code	AV Metal Tier	AV %	Med Rel	Rx Rel	Product Type	PCP Copay**	SPEC Copay**	URG CARE Copay	ER Copay	UHC INN Coins**	INN Indiv Ded	INN Indiv OOPM	OON Coin	OON Indiv Ded	OON Indiv OOPM	OP Copay	IP Copay	OP POC*	IP POC*	Rx Name	Rx Description
WLU	Bronze	58.9%	3.009	0.000	POS	70%	70%	70%	70%	70%	\$5,000	\$6,250	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	GH	20/50/100/250
WLV	Gold	78.8%	3.938	0.000	POS	95%	95%	95%	95%	95%	\$1,300	\$5,000	50%	\$5,000	\$10,000	95%	95%	N/A	N/A	1T	10/30/50/250
XD5	Gold	79.1%	3.269	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,000	\$5,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD6	Gold	78.1%	3.207	2.216	EPO	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	N/A	N/A	N/A	80%	80%	N/A	N/A	F6	15/35/70/250
XD7	Silver	70.3%	2.892	1.858	EPO	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD8	Silver	69.8%	2.883	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$3,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
XD9	Silver	70.6%	2.866	1.858	EPO	\$30	\$60	\$75	\$350	70%	\$4,000	\$6,000	N/A	N/A	N/A	70%	70%	N/A	N/A	GG	15/40/80/250 w/ \$250 ded tiers 2-4
WLW	Silver	70.6%	3.176	0.000	EPO	80%	80%	80%	80%	80%	\$1,500	\$6,000	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
WLX	Silver	68.5%	3.262	0.000	EPO	80%	80%	80%	80%	80%	\$2,000	\$5,300	N/A	N/A	N/A	80%	80%	N/A	N/A	F8	15/40/80/250
XEK	Gold	78.7%	2.973	2.131	POS	\$35	\$70	\$75	\$400	70%	\$2,000	\$6,000	50%	\$5,000	\$10,000	70%	70%	N/A	N/A	F8	15/40/80/250
XEL	Gold	79.6%	3.289	2.216	POS	\$25	\$50	\$75	\$300	80%	\$1,500	\$4,750	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	F6	15/35/70/250
XEM	Gold	81.5%	3.554	2.216	POS	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	50%	\$5,000	\$10,000	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEN	Gold	78.8%	3.366	2.216	POS	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	50%	\$5,000	\$10,000	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
XEO	Gold	81.5%	3.464	2.216	EPO	\$35	\$70	\$75	\$400	80%	\$0	\$5,000	N/A	N/A	N/A	\$750	\$1,000	N/A	N/A	F6	15/35/70/250
XEP	Gold	78.8%	3.276	2.216	EPO	\$35	\$70	\$75	\$500	70%	\$0	\$6,000	N/A	N/A	N/A	\$750	\$1,500	N/A	N/A	F6	15/35/70/250
WLY	Bronze	61.9%	3.130	0.000	POS	80%	80%	80%	80%	80%	\$3,500	\$6,250	50%	\$5,000	\$10,000	80%	80%	N/A	N/A	GH	20/50/100/250
XEQ	Bronze	60.5%	3.196	0.000	POS	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XER	Bronze	60.5%	3.100	0.000	EPO	\$50	\$100	\$75	90%	90%	\$4,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XES	Bronze	59.4%	3.182	0.000	POS	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	1Q	25/50/100/250
XET	Bronze	59.4%	3.085	0.000	EPO	\$50	\$100	\$75	90%	90%	\$5,000	\$6,250	N/A	N/A	N/A	90%	90%	N/A	N/A	1Q	25/50/100/250
XEU	Platinum	88.0%	4.089	2.555	POS	\$10	\$20	\$75	\$250	90%	\$250	\$2,500	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XEV	Platinum	88.2%	4.174	2.555	POS	\$10	\$20	\$75	\$250	90%	\$400	\$1,750	50%	\$5,000	\$10,000	90%	90%	N/A	N/A	GJ	10/35/60/250
XIY	Gold	78.0%	3.354	2.216	EPO	\$20	\$40	\$75	\$300	90%	\$500	\$4,500	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250
XIZ	Gold	78.1%	3.377	2.216	EPO	\$15	\$30	\$75	\$300	90%	\$750	\$4,000	N/A	N/A	N/A	90%	90%	\$250	\$250	F6	15/35/70/250

*Any plan with IP/OP POCs also has Minor Lab and X-ray POCs. These per-occurrence copays(POC) apply only in the hospital setting

**Any plan that has multiple PCP/SPEC/Coin is a premium designation plan. Members will have richer benefits if they go to a preferred facility.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For UnitedHealthcare Insurance Company

State of Colorado Rate Review

Purpose:

The purpose of this filing is to comply with Regulation 4-2-11 of the Colorado Division of Insurance which requires health insurance rate changes to be filed for their review and approval prior to use. This filing is to outline manual base rates and rating factors compliant to PPACA Adjusted Community Rating requirements on non-grandfathered small group policies. This filing may not be appropriate for other purposes.

This rate adjustment is for both new business and existing business with renewal dates on or after the effective date of the changes

Company Identifying Information:

- **Company Legal Name:** UnitedHealthcare Insurance Company
- **State:** CO
- **HIOS Issuer ID:** 67879
- **Market:** Small Group
- **Effective Date:** 1/1/2014

Company Contact Information:

- **Primary Contact Name:** Della Logan
- **Primary Contact Telephone Number:** 860-702-5770
- **Primary Contact Email Address:** Della_Logan@uhc.com

Proposed Rate Changes: UnitedHealthcare is filing for the revised medical and pharmacy base rates, rating factors and new benefit plans written under new policy forms which have been provided in our CO state rate filing that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).

The proposed rate changes are as below:

BASE PREMIUM RATES

Medical and Pharmacy base rates have been revised due to changes in allowed rating factors, ranges and rating methodologies. The new base rates also reflect the adjustments to generate needed revenue to cover Essential Health Benefit requirements, Insurer and Re-insurance fees, other Healthcare reform related costs and needed rate actions from most recent experience. Base premium rates are provided in exhibit 1.

The requested base rate change reflects the combined impacts from the new base rates, adoption of PPACA compliant age factors, industry factors and other factors not allowed under Adjusted Community Rating methodology. This manual rate change also includes the proposed annual pricing trend.

AGE FACTORS

Age factors are per the recommended age rating scale from HHS. A revenue neutral adjustment is being filed with the division to reflect the new age scale. Age factors are provided on exhibit 2.

AREA FACTORS

Area factors are provided in Exhibit 3. Rating areas are decided based on Colorado rating area mapping which have been approved by HHS. Area factors are calculated based on average medical cost patterns in the various rating areas.

TREND FACTOR

The proposed trend factor is 9.1%. This is in our current rate filing submitted to the CO DOI for rates effective 1/1/14.

RATING FORMULA:

The rating formula for non-grandfathered small employer group business is shown below:
Note the base rates per exhibit 1 already include the proposed trend factor.

$$(\text{Medical Base Rate} \times \text{medical plan relativity}) + (\text{Rx base rate} \times \text{Rx plan relativity}) \times \text{Area Factor} \times \text{Age Factor} = \text{Final Health Premium Rate}$$

NEW PLAN DESIGNS

New PPACA compliant plan designs with plan relativities and actuarial value metal tier are provided in Exhibit 4. All listed plans are designed based on the final Market Reform Rule requirements.

Actuarial Value calculations have been conducted to ensure actuarial values are within the allowed range for each metal tier. Mental Health Parity testing has been conducted to ensure compliance.

These new plans have been priced on an actuarially equivalent basis, based on the final Market Reform Rule requirement, the plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirements and the proper benefit range is following.

These new plans have no current membership nor historical experience.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2012 to 12/31/2012 paid through 2/28/2013.

- **Premiums (net of MLR Rebate) in Experience Period:** Manual premiums for the experience period are given in Part I. UnitedHealthcare's anticipated MLR rebate payment in 2012 is \$0.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 2/28/13 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pending claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.

- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.

- **Changes in Benefits:** The estimate of the cost of added Essential Health Benefits were developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The HHS proposed age factors are filed in this filing.
- **Trend Factors:** UnitedHealthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed claims across both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado.
- **Credibility of Experience:** We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado, with over 887,000 member months in the experience period. This block of business has historically demonstrated relatively stable claim patterns. For the base rate developing purpose, we regard it to be fully credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** At this point, we use the assumption that the risk level of membership insured by UnitedHealth Insurance Company is below the state average risk level. We will maintain this assumption till further study can be conducted. We have adjusted for this in our proposed base rates.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. The state of Colorado chose not to combine its individual and small group markets, therefore, not applicable to this rate filing.
- **Non-Benefit Expenses and Risk Margin:** The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the both UnitedHealthcare Insurance Company and UnitedHealthcare of Colorado. Except for the addition of PPACA fees, these are similar to our actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
5.9%	General expenses
4.6%	Commissions
<u>0.8%</u>	<u>Cost containment programs/ quality improvement activities</u>
11.3%	Sub-Total Admin Expenses

- 5% Profit
- 5.4% Taxes, Licenses, other regulatory fees (does not include FIT)
- 2.6% Federal Income Tax
- 24.3% Total

Projected Loss Ratio: The projected loss ratio using Federally prescribed MLR methodology is 83.2%.

Index Rate:

The experience period index rate is the same as the allowed amount reported in URRT Part I. The table below illustrates the index rate for the projection period.

	UnitedHealthcare Insurance Company												
	Effective Date												
2014 Effective Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Member Month	12,664	4,165	4,287	5,450	5,874	6,609	6,173	5,356	5,192	4,535	3,688	6,373	70,366
Base Allowed Claims PMPM 2012	381	381	381	381	381	381	381	381	381	381	381	381	381
Benefit Increase (EHB)	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	
Base Rate Action	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	
Annual Trend Rate	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
Months of Trend	18	19	20	21	22	23	24	25	26	27	28	29	
Projected allowed Claims	\$ 456.48	\$ 459.76	\$ 463.06	\$ 466.39	\$ 469.73	\$ 473.11	\$ 476.50	\$ 479.92	\$ 483.37	\$ 486.84	\$ 490.33	\$ 493.85	\$ 473.15
Index Rate for Part I	\$ 473.15												
Effective Date for Part I	1/1/2014												

AV Metal Values:

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Please see below for the detailed methodology of the adjustments made to the HHS Actuarial Value Calculator using the method described in 45 CFR Part 156, §156.135.

1. Copays that apply after the annual deductible (even if Rx).

In order to account for copays that apply after the annual deductible, the continuance tables in the AV calculator were used to convert those copays into an effective coinsurance amount.

2. Copays and Per Occurrence Copays (POC/PODs)

In order to account for copays and per occurrence copays that regularly cannot be accounted for in the AV calculator, it was necessary to use the continuance tables, and in

cases where that was not viable, our national data, in order to attain an effective coinsurance rate. It was also necessary to blend multiple runs of the AV calculator with tiers.

3. Premium Designation Tiering Under Version 6.0 (Rhapsody)

In order to account for premium designation tiering (Rhapsody style plans) it was necessary for us to blend multiple tiers of the AV calculator accounting for both premium and non-premium PCP/SPEC tiering.

4. Split Deductible HRA Type Plans

In order to account for split deductible, or second dollar, HRA plans, we had to run the AV calculator three times:

1. \$0 Contribution (AV1)
2. X Contribution, where $X = \text{Deductible}$ (AV2)
3. Y Contribution, where $Y = X - \text{Desired Contribution Amount}$ (AV3)

The runs are then plugged into the following formula: $AV1 - AV2 + AV3$

Screen prints of the AV calculator runs are attached to the Unique plan design form in the rate filing submitted to Colorado.

AV Pricing Values: New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The base plan is a 100% medical plan with Rx coverage. The plan-specific adjustments to the market-wide index rate (plan relativities) do not reflect differences in health status or risk selection. A separate form filing to reflect the coverage for Essential Health Benefit requirement and the proper benefit range is following.

Membership Projections: Membership is projected to continue at the current membership level in the last month of the experience period.

Terminated Products: No products are being terminated.

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance:

Due to responsibility allocation, I rely on UHC Product Design Department for reasonable and compliant benefit designs. I am not able to completely judge the reasonableness of the plan designs without performing substantial additional work beyond what is required to produce this rate filing.

Due to responsibility allocation, I rely on UHC Finance Department for Administrative expense information. I am not able to completely judge the reasonableness of the information without performing substantial additional work beyond what is required to produce this rate filing.

Actuarial Certification:

I, Della Logan, am an actuary at UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate to the best of my knowledge is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology used to develop the AV metal values. As required by 45 CFR Part 156, §156.135, I certify that the actuarial values developed in this rate filing for policies effective January 1, 2014 are in compliance with CFR 156.135 (b)(2)(i).

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,



Della J. Logan, ASA, MAAA
Senior Pricing Consultant and Actuary
185 Asylum Street, City Place 1
CT039-16B
Hartford, CT 06103
Phone 860-702-5770

Date: 5/8/2013